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CHILD SUPPORT QUESTIONNAIRE

ABOUT YOU

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_

Your Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (please include state where issued): \_\_\_\_\_

Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How long with current employer? \_\_\_\_\_

Current Position: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Base Wage/Salary: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Average Overtime per Week: \_\_\_\_\_

Commissions and/or Bonuses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expenses or Reimbursements by Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Income: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_  
Your Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number (please include state where issued): \_\_\_\_\_

Current Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
How long with current employer? \_\_\_\_\_  
Current Position: \_\_\_\_\_  
Gross Income: \_\_\_\_\_ Base Wage/Salary: \_\_\_\_\_  
Hours Worked per Week: \_\_\_\_\_ Average Overtime per Week: \_\_\_\_\_  
Commissions and/or Bonuses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expenses or Reimbursements by Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIVORCE OR PATERNITY INFORMATION**

Case Number: \_\_\_\_\_  
Date of Final Divorce or Paternity Established: \_\_\_\_\_  
County and State Where Granted: \_\_\_\_\_  
Current Amount of Child Support: \_\_\_\_\_

**INFORMATION REGARDING THE CHILDREN**

Children of the Parties:

Please complete below for all children of the parties:

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Who Currently has Primary Custody</b>

Children Not of the Parties:

Please complete below for all children not of the parties:

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Who Currently has Primary Custody</b>	<b>Relationship to the Party</b>

**DAYCARE COSTS**

Amount per Week: \_\_\_\_\_ Provided by: \_\_\_\_\_

Is daycare expense paid by cash or check? \_\_\_\_\_

Name of daycare provider: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**HEALTHCARE COSTS**

Who provides health insurance for the children? \_\_\_\_\_

Is it an extra cost?  Yes  No

If yes, how much more does it cost than a single person? \_\_\_\_\_

**SUPPORT FOR OTHER CHILDREN**

Does either parent pay child support for children from a previous marriage?  Yes  No

If yes -

Case number: \_\_\_\_\_

County and State of Case: \_\_\_\_\_

How much child support is paid per month? \_\_\_\_\_

**SPECIAL FACTORS**

Who claims children for tax dependency purposes? \_\_\_\_\_

Does custodial parent claim "Head of Household"? \_\_\_\_\_

Is there currently an Income Withholding Order in place? \_\_\_\_\_

Describe current parenting time/custody arrangement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any child attain age 18 during their senior year of high school? \_\_\_\_\_

Is the non-custodial parent current on their child support payments?  Yes  No

If yes -

What is the estimated arrearage amount? \_\_\_\_\_

When did the arrearage begin to accumulate? \_\_\_\_\_

Has execution or garnishment ever been issued on arrearage? \_\_\_\_\_

## **DOCUMENTS NEEDED FROM CLIENT**

- Journal Entry of Judgment and Decree of Divorce or  
Journal Entry of Judgment and Declaration of Paternity
- Latest Order Modifying Child Support
- Most recent W2 Form
- Copies of paycheck stubs for the past three months
- Proof of payment of daycare costs
- Evidence showing health insurance cost and persons covered  
attributable to children