

Custody Questionnaire

I. Client Information

۹.	Pe	ersonal Information						
	1.	Name:	_ Maiden Nar	me:				
	2.	Telephone No.: (Home)		(Work)				
	3.	Social Security Number:						
	4.	Date of Birth:	_Age:	_ Race:				
		Place of Birth: (City)		_ (State)				
	5.	Street Address:						
		(City/State)		(Zip)				
	6.	Mailing Address (if different from #5)	:					
		(City/State)		(Zip)				
	7.	Are you married (If the answer is "no	," please skip	to number 11)?				
	8.	Date of marriage:	/					
	9.	Place of marriage:						
	10. Information on Opposing Party:							
		a. Name:	Maid	en Name: DSC				
		b. Telephone No.: (Home)						
		c. Social Security Number:						
		d. Date of Birth:	Age:	Race:				
		e. Place of Birth: (City)		(State)				
		f. Street Address:						
		(City/State)						
		g. Mailing address (if different):						
		(City/State)		(Zip)				
	11	11. Is there an EPO or DVO entered in this case?						
		If yes, please provide the county, state, year and the number of the case in						
		which it was entered:						
	12	Length of residence in Kentucky:						

than 180 days: Phone: Address: Address: B. Employment Information 1. Are you currently employed? If the answer is yes, a. Name of Employer:	
Address: B. Employment Information 1. Are you currently employed? If the answer is yes,	
Address: B. Employment Information 1. Are you currently employed? If the answer is yes,	
B. Employment Information1. Are you currently employed?	
1. Are you currently employed? If the answer is yes,	
If the answer is yes,	
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a Nama of Employer:	
a. Name of Employer:	
b. Employer's Address:	
(City/State) (Zip)	
c. Employer's Telephone Number:	
d. Your Job Title:	
e. Length of Employment:	
f. Net wages per week/month:	
2. Do you have any deduction for any of the following (circle one):	
a. Medical Insurance: yes no	
b. Dental Insurance: yes no	
c. Life Insurance: yes no	
d. Savings Accounts: yes no	
e. Credit Union: yes no	
f. Loan Repayment: yes no	
g. Retirement: yes no	
h. Union/Other dues: yes no	
i. Charitable Contributions: yes no	
3. Does your employer provide any of the following benefits without cost to	VOII.
3. Does your employer provide any of the following benefits without cost to a Medical Insurance: yes no	you:
a. Medical Insurance: yes no	you:
	you:

	e. Transportation:	yes	no	
	f. Uniforms:	yes	no	
	g. Lodging:	yes	no	
	h. Retirement Benefits:	yes	no	
	i. Professional/union dues:	yes	no	
	j. Childcare:	yes	no	
1.	Do you have a second job?			
5.	If you do not work outside the home	, are you:		
	a. A full-time homemaker: yes	no		
	If so, for how long?			
	b. Retired: yes no			
	c. Other:			
3.	Have you been employed by anyon	e other than you	r current employer ir	1 the
	last five (5) years? yes	nonemar	d PSC	
	a. Name of employer:	onepui	4,100	
	b. Employer's address:			
	c. Your job title:			
	d. Length of employment:			
	e. Reason for leaving:			
	a. Name of employer:			
	b. Employer's address:			
	c. Your job title:			
	d. Length of employment:			
	e. Reason for leaving:			

		a.	So	ocial Security:	yes	no	
		b.	Re	etirement:	yes	no	
		C.	W	orkers' Comp:	yes	no	
		d.	Dis	sability:	yes	no	
C.	Fa	mily	/ In	formation			
	1.	Ch	ildr	en			
			a.	Name:			
			b.	Social Security Number:			
			c.	Gender:			
			d.	Date of birth:			
			e.	Current address:			
			f.	Lives with:			
			g.	Child assets:			
			a.	Name:			
			b.	Social Security Number:			
			c.	Gender:			
		N	d.	Date of birth:	hener	d PSC	
		17	e.	Current address:	перш	Ug I VV	
			f.	Lives with:			
			g.	Child assets:			
			a.	Name:			
			b.	Social Security Number:			
			c.	Gender:			
			d.	Date of birth:			
			e.	Current address:			
				Livoo with			
			g.	Child assets:			
			a.	Name:			

7. Does your monthly income include amounts from any of the following?

	b. Social Security Number:		
	c. Gender:		
	d. Date of birth:		
	e. Current address:		
	f. Lives with:		
	g. Child assets:		
2.	Have any of your children resided anywhere other than	in your h	nousehold
	during the past five years?		
	a. Child's Name:		
	b. Residence:		
	c. Time period:		
	a. Child's Name:		
	b. Residence:		
	c. Time period:		
	a. Child's Name:		
	b. Residence:		
	c. Time Period:	PS(7
	a. Child's Name:		
	b. Residence:		
	c. Time Period:		
3.	Do you have now, or want custody of the minor children?	yes	no
	a. Do you expect Opposing Party to want custody?	yes	no
	b. Are you interested in joint custody?	yes	no
4.	Have you participated in any other litigation involving children? yes no	_	of these

	5.	Do any of the children have special needs?	yes	no	
	6.	Has Opposing Party physically assaulted you	or threatened to do so?		
II. Ad	dditi	onal Information			
A.	As	sets			
	1.	Do you own your own home?	yes	no	
		If so, please answer the following:			
		a. Address of property:			
		b. Purchase price:			
		c. Date of purchase:			
		d. Monthly payment:			
		e. Mortgage holder:	and Dec		
		f. If there are second or third mortgages, plea	ase describe:		
		Lender Amount			
	2.	Do you have any ownership interest in any	motor vehicles by you/O	pposing	
		Party? (cars, boats, RV's motorcycles, farm v	rehicles, etc.)		
	;	a. Vehicle:			
		b. Name on title:			
		c. Value:			
		d. Lien holder:			
		e. Amount:			

a.	Vehicle:
b.	Name on title:
C.	Value:
	Lien holder:
e.	Amount:
a.	Vehicle:
b.	Name on title:
C.	Value:
d.	Lien holder:
e.	Amount:
3. L	ist all checking, savings, cd's and money market/stock account.
	Account:
	Financial Institution:
C.	Source:
d.	Balance:
a.	Account:
b.	Financial Institution:
C.	Source:
d.	Balance:
a.	Account:
	Financial Institution:
C.	Source:
d.	Balance:
a.	Account:
b.	Financial Institution:
C.	Source:

	d.	Balance:
4.	Li	st all life insurance policies.
	a.	Name of insured:
	b.	Company:
	c.	Policy Number:
	d.	Face amount:
	e.	CSV Loan:
	a.	Name of insured:
	b.	Company:
	c.	Policy Number:
	d.	Face amount:
	e.	CSV Loan:
5.	D	o you participate in any retirement plans with employer? yes no
6.	7	Name the person who administers your plan:
	4	it ay maith shepart, 100
7.	Li	st all debts over \$500.00.
	a.	Creditor:
	b.	Purpose of loan:
	C.	Balance owed:
	d.	Party liable:
	a.	Creditor:
	b.	Purpose of loan:
	c.	Balance owed:
	d.	Party liable:

۵.	Creditor:
b.	Purpose of loan:
C.	Balance owed:
d.	Party liable:
a.	Creditor:
	Purpose of loan:
C.	Balance owed:
d.	Party liable:
	Creditor:
	Purpose of loan:
	Balance owed:
d.	Party liable:
8. H	low have you and Opposing Party filed tax returns? Jointly Separately
	Who has claimed the child/children as dependants for tax exemption
	urposes?
Liv	McVay Martin Shepard, PSC ving Expenses
	Mortgage/Rent (include taxes):
	2. Food:
	3. Utilities:
	4. Telephone:
	5. Cleaning:
	6. Medical/Dental:
	7. Childcare:
	8. Transportation:
	9. Car payment:
	10. Gasoline:
	11.Repairs:
	b. c. d. a. b. c. d. 8. H

12.Lawn:			
13. Beauty/Hair:			
14. Dues:			
15. Clubs:			
16. Professional:		í	
17. Entertainment:			
18. Insurance			
Home:			
Life:			
Health:			
Disability:			
19. Children			
School tuition:			
Music lesson:			
Other:			
Allowance:			
Orthodontist:			

Please gather as you may be requested to provide copies of the following:

- 1. real estate deeds, mortgages, and closing
- 2. state and federal income tax returns for previous two years
- 3. personal and business net worth statements
- 4. insurance policies
- 5. car titles
- 6. bank records (bank statements, cancelled checks, check registers)
- 7. payroll records
- 8. divorce judgments from previous marriages
- 9. adoption decrees
- 10. estate planning documents (wills and trusts)
- 11. employment benefits (insurance, retirement plan)
- 12. antenuptial agreements
- 13. business agreements (partnerships and buy-sell)