

CHILD CUSTODY CLIENT QUESTIONNAIRE

Date: _____

1. Personal Information

Name: _____ E-Mail: _____

Birth Name if Different from Above: _____

Street Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Date of Birth: _____ City: _____ State: ____ Social Security #: ____ - ____ - ____

Driver's License #: _____ State: _____

Date Married: _____ City: _____ State: ____ Date of Separation: _____

2. Education

Please describe your education (schools, attended, dates attended, degrees obtained)

School: _____ Dates: _____ Degree: _____

School: _____ Dates: _____ Degree: _____

School: _____ Dates: _____ Degree: _____

3. Employment Information

Name of Employer: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Title: _____ Length of Employment: _____

Telephone #: _____ Gross Salary (Monthly/Annually): \$ _____ per _____

Please provide copies of your last 3 paystubs, most recent W2, and tax return.

4. Co-Parent Information

Is the child's parent your spouse? Yes ___ No ___

If no, have you ever resided with the child's parent? Yes: ___ No: ___

If yes, when did you separate? _____

Co-Parent's Name: _____ E-Mail: _____

Birth Name if Different from Above: _____

Street Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Date of Birth: _____ City: _____ State: ____ Social Security #: ____ - ____ - ____

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Highest Level of Education Completed: _____

Employer: _____ Occupation: _____

Name of Employer: _____

Street Address: _____ City: _____ State: ___ Zip: _____

Title: _____ Length of Employment: _____

Telephone #: _____ Gross Salary (Monthly/Annually): \$ _____ per _____

Please describe your spouse/co-parent's education (schools, attended, dates attended, degrees obtained):

School: _____ Dates: _____ Degree: _____

School: _____ Dates: _____ Degree: _____

School: _____ Dates: _____ Degree: _____

5. Children

Please complete the following about each child for whom you are seeking custody:

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Mother: _____ Father: _____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Mother: _____ Father: _____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Mother: _____ Father: _____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Mother: _____ Father: _____

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Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Mother: _____ Father: _____

6. Other

Who are the children living with at this time? _____

If more than one person/location, please describe person(s) and location(s)

What is the visitation schedule? _____

If it were up to you, where would you like the children to live? _____

What type of living schedule/visitation schedule do you believe is in the child or children's best interest (where, with whom and for how long)? _____

Why do you believe this is in their best interest? _____

Should there be a geographical restriction on where the child/children will live?

Yes: ___ No: ___ If yes, please indicate the state or county that the residence should be restricted to: _____

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Do you have any concerns about your child having visitation with the other parent and if so, why? _____

Please list any property (other than furniture, clothing and toys) owned by the children. _____

Does your spouse/co-parent have an attorney? Yes: ___ No: ___ If Yes,

Name: _____ Telephone #: _____

Do you have children from a previous or subsequent marriage/relationship?

Yes: ___ No: ___ If yes, please complete the following information for each child:

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

With whom do these children reside: _____

Do you pay/receive (circle one) child support for the children you are seeking custody of? Yes: ___ No: ___

If yes, how much? _____ Frequency? _____ Is this by court order? Yes: ___ No: ___

Do you pay/receive (circle one) child support for any other children? Yes: ___ No: ___

If yes, how much? _____ Frequency? _____ Is this by court order? Yes: ___ No: ___

Does your co-parent have any children from a previous or subsequent marriage/relationship? Yes: ___ No: ___

If yes, please provide the following information for each child:

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

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Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Name: _____ Sex: _____ Date of Birth: _____

Birthplace: _____ Social Security #: ____ - ____ - ____

Does your spouse pay/receive (circle one) child support? Yes: ___ No: ___

If yes, how much? _____ Frequency? _____

Is there anything else that you would like to discuss or that you believe we should know about you or your case? _____

Are there specific questions you would like answered today? _____

Name (Please Print): _____

Signature: _____ Date: _____



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