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**CONFIDENTIAL QUESTIONNAIRE**  
**for**  
**CUSTODY CASES**

**Instructions:**

- Provide all information requested to insure documents are properly completed for Court filing.
- Attach a copy of the most recent pay stub for yourself.
- If you require additional room for any of the questions, please use the back of this form. (Please indicate the question you are answering.)
- If you have any questions regarding the information asked for, please contact Jessica at 517-266-2224.



**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD(REN):**

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 3) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 4) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 5) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

**PLEASE PROVIDE THE FOLLOWING CONCERNING MINOR CHILD(REN) OF PREVIOUS RELATIONSHIPS:**

Do Mother or Father have child(ren) from previous marriage/relationship? \_\_\_\_\_ If yes, state:

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M or F  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M or F  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

Is Mother or Father paying child support for any child(ren) outside of this marriage? \_\_\_\_\_

If yes, state amount paid: \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ children and the

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

**PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING SUPPORT, CUSTODY, & ALIMONY:**

Is there an agreement on amount to be paid for child support? \_\_\_\_\_ If yes, state amount: \_\_\_\_\_

Is there currently a family support order? \_\_\_\_\_ If yes, state: \_\_\_\_\_

If yes, state if Payor is behind in support: \_\_\_\_\_ If yes, state amount behind: \_\_\_\_\_  
County Case No. Amount

Is there an agreement on who will receive IRS Child Dependency Exemption? \_\_\_\_\_ Who? \_\_\_\_\_

Is there an agreement on custody? \_\_\_\_\_ If yes, please state terms: \_\_\_\_\_

Are you interested in either: Joint Legal Custody \_\_\_\_\_ Joint Physical Custody \_\_\_\_\_ Both \_\_\_\_\_

