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CONFIDENTIAL QUESTIONNAIRE
for
CUSTODY CASES

Instructions:

- Provide **ALL** information requested to ensure documents are properly completed for Court filing. If you do not know, please write you do not know. You may need to do some digging.
- Attach a copy of the most recent pay stub for yourself.
- Attach a copy of the Affidavit of Parentage for any minor child born out of marriage.
- 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 Kelly at 517-266-2224 or text 517-777-8602.

Employer Address: _____
Street Number (inc. suite number, etc.) City State Zip
Employer Phone Number: _____ ext: _____ Length of Employment: _____

Are they currently working? _____ If not, why: _____

Please state their weekly take home pay: _____ weekly gross pay: _____

Please state their highest level of education: _____ Degrees received: _____

Do they receive public assistance? _____ If so, what kind? _____ How much? _____

Are they currently receiving Social Security? _____ If so, how much? _____ How long? _____

Are they currently receiving Workers Comp.? _____ If so, how much? _____ How long? _____

Are they currently receiving any mental health treatment, if so, what for and what medications are they currently taking? **(If you are uncomfortable disclosing this information on the questionnaire, please contact our office to discuss)**

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

Attach a copy of the Affidavit of Parentage for any minor child born out of marriage.

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

What school district do the children attend? _____

What school district would you like them to attend? _____

Are they currently receiving any mental health treatment, if so, what for and what medications are they currently taking? **(If you are uncomfortable disclosing this information on the questionnaire, please contact our office to discuss)**

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:

Are you seeking Child Support? _____

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

Is there currently a child support order?_____ If yes, state: _____

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

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 seeking: Joint or Full Legal Custody_____ Joint or Full Physical Custody_____ Both_____

Is there an agreement on parenting time?_____ If yes, please state terms: _____

PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING HEALTH CARE:

Mother's Insurance/HMO Carrier:_____ Policy/Contract#: _____

Does Mother provide coverage for child(ren)?_____ If yes, state child(ren) covered: _____

Cost: _____

Father's Insurance/HMO Carrier:_____ Policy/Contract#: _____

Does Father provide coverage for child(ren):_____ If yes, state child(ren) covered: _____

Cost: _____

Does father have any other employer provided benefits?_____ If yes, state: _____

Does Mother have any other employer provided benefits?_____ If yes, state: _____

