

Custody Questionnaire

**I. Client Information**

**A. Personal Information**

1. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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? \_\_\_\_\_

8. Date of marriage: \_\_\_\_\_

9. Place of marriage: \_\_\_\_\_

**10. Information on Opposing Party:**

a. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

b. Telephone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

c. Social Security Number: \_\_\_\_\_

d. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

e. Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_

f. Street Address: \_\_\_\_\_

(City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

g. Mailing address (if different): \_\_\_\_\_

(City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**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:** \_\_\_\_\_





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

- |                     |     |    |
|---------------------|-----|----|
| a. Social Security: | yes | no |
| b. Retirement:      | yes | no |
| c. Workers' Comp:   | yes | no |
| d. Disability:      | yes | no |

C. Family Information

1. Children

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: \_\_\_\_\_

d. Date of birth: \_\_\_\_\_

e. Current address: \_\_\_\_\_

f. Lives with: \_\_\_\_\_

g. Child assets: \_\_\_\_\_

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: \_\_\_\_\_
- 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 household 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: \_\_\_\_\_

- 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 custody of these children?    yes            no    \_\_\_\_\_

\_\_\_\_\_



a. Vehicle: \_\_\_\_\_

b. Name on title: \_\_\_\_\_

c. Value: \_\_\_\_\_

d. Lien holder: \_\_\_\_\_

e. Amount: \_\_\_\_\_

a. Vehicle: \_\_\_\_\_

b. Name on title: \_\_\_\_\_

c. Value: \_\_\_\_\_

d. Lien holder: \_\_\_\_\_

e. Amount: \_\_\_\_\_

**3. List all checking, savings, cd's and money market/stock account.**

a. Account: \_\_\_\_\_

b. Financial Institution: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Balance: \_\_\_\_\_

a. Account: \_\_\_\_\_

b. Financial Institution: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Balance: \_\_\_\_\_

a. Account: \_\_\_\_\_

b. Financial Institution: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Balance: \_\_\_\_\_

a. Account: \_\_\_\_\_

b. Financial Institution: \_\_\_\_\_

c. Source: \_\_\_\_\_

d. Balance: \_\_\_\_\_

**4. List 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. Do you participate in any retirement plans with employer?    yes            no**

\_\_\_\_\_

\_\_\_\_\_

**6. Name the person who administers your plan: \_\_\_\_\_**

**7. List 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: \_\_\_\_\_



a. Creditor: \_\_\_\_\_  
b. Purpose of loan: \_\_\_\_\_  
c. Balance owed: \_\_\_\_\_  
d. Party liable: \_\_\_\_\_

a. Creditor: \_\_\_\_\_  
b. Purpose of loan: \_\_\_\_\_  
c. Balance owed: \_\_\_\_\_  
d. Party liable: \_\_\_\_\_

a. Creditor: \_\_\_\_\_  
b. Purpose of loan: \_\_\_\_\_  
c. Balance owed: \_\_\_\_\_  
d. Party liable: \_\_\_\_\_

8. How have you and Opposing Party filed tax returns?    Jointly            Separately

9. Who has claimed the child/children as dependants for tax exemption purposes? \_\_\_\_\_

**III. Living Expenses**

- 1. 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: \_\_\_\_\_

- 12. Lawn: \_\_\_\_\_
- 13. Beauty/Hair: \_\_\_\_\_
- 14. Dues: \_\_\_\_\_
- 15. Clubs: \_\_\_\_\_
- 16. Professional: \_\_\_\_\_
- 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)