

Custody Questionnaire

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I.	Client	Intorr	nation

۹.	Pe	rsonal Information		
	1.	Name:	_ Maiden Nam	e:
	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)		
				(Zip)
	7.	Are you married?		
	8.	Date of marriage:		
	9.	Place of marriage:		
	10	.Information on Opposing Party:		
		a./Name: aw//amin	<u>Sh</u> Maide	n Name: PSC
		a. Name:b. Telephone No.: (Home)	опера	_ (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 t	nis case?	
		If yes, please provide the county, st	ate, year and	the number of the case in
		which it was entered:		
	12	Length of residence in Kentucky:		

	13. Name of person who can swear that you have resided in Kentucky for more					more	
	than 180 days:						
			Phone: _				
В.	En	nploym	ent Information				
	1.	Are yo	u currently emplo	yed?			
		If the a	nswer is yes,				
		a. Na	me of Employer:_				
		b. Em	ployer's Address				
			(City/S	tate)		(Zip)	
		c. Em	ployer's Telephoi	ne Number:			
		d. Yo	ur Job Title:				
		e. Ler	ngth of Employme	ent:			
		f. Ne	t wages per week	/month:			
	2.	Do you	ı have any deduc	tion for any of the	following	(circle one):	
		a. Me	dical Insurance:		yes	no	
		b. De	ntal Insurance:		yes	no	
		c. Life	e Insurance:	artin Sh	yes	nongc	
		d. Sa	vings Accounts:		yes	no SC	
		e. Cre	edit Union:		yes	no	
		f. Loa	an Repayment:		yes	no	
		g. Re	tirement:		yes	no	
		h. Un	ion/Other dues:		yes	no	
		i. Ch	aritable Contributi	ons:	yes	no	
	3.	Does	your employer pro	wide any of the fo	llowing be	nefits without cost to	VOII.
	٥.	•	dical Insurance:	The arry of the fo	yes	no	, oa.
			ntal Insurance:		•	no	
			e Insurance:		yes		
		d. Me			yes	no	
		a. ivie	ais:		yes	no	

	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?		
	9		
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:		
ò.	Have you been employed by anyor	ne other than you	r current employer in the
	last five (5) years? yes	Shenar	d PSC
	a. Name of employer:	onepar	u, 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.				formation		
	1.	Ch	nildr	en		
				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:	enard	PSC
		± V	e.	Current address:	opara	, 100
			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:		

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:	DCC	Υ
	Mevay Martin Shepard,	1 50	
	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
1.	Have you participated in any other litigation involving	custody	of these
	children? yes no		

	5.	Do any of the children h	yes	no	
	6.	Has Opposing Party phy	ysically assaulted you	u or threatened to do so?	>
II. A	dditi	onal Information			
A.	As	sets			
	1.	Do you own your own h	ome?	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:	orative Class	DOO	
		f. If there are second or	third mortgages, plea	ase describe:	r
		Lender	Amount		
	2.	Do you have any owne	rship interest in any	motor vehicles by you/0	Opposing
		Party? (cars, boats, RV	s motorcycles, farm v	vehicles, etc.)	
	i	a. Vehicle:			
	I	b. Name on title:			
	(c. Value:			
	(d. Lien holder:			
	(e. Amount:			

į	a.	Vehicle:
		Name on title:
(c.	Value:
		Lien holder:
		Amount:
;	a.	Vehicle:
ı	b.	Name on title:
(C.	Value:
(d.	Lien holder:
(e.	Amount:
3.	Li	st all checking, savings, cd's and money market/stock account.
;	a.	Account:
		Financial Institution:
(c.	Source:
(d.	Balance:
;	a.	Account: av. Martin Shepard, PSC
ı	b.	Financial Institution:
(C.	Source:
(d.	Balance:
	a.	Account:
	b.	Financial Institution:
	C.	Source:
	d.	Balance:
	a.	Account:
	b.	Financial Institution:
	C	Source:

	a.	Balance:
4.	Li	ist all life insurance policies.
	a.	Name of insured:
		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.	ī	Name the person who administers your plan:
	1	vievay Martin Bhepard, 1 be
7.	Li	ist all debts over \$500.00.
	a.	Creditor:
	b.	Purpose of loan:
		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 Separat	ely
	9. Who has claimed the child/children as dependants for tax exempt	ion
	purposes?	
III.	McVay Martin Shepard, PSC Living 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:	

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)