



**CONFIDENTIAL CUSTODY QUESTIONNAIRE**

**SECTION I**

**Your Background**

Please answer the following questions about yourself

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_, MI, \_\_\_\_\_  
Street City ZIP code

Telephone: \_\_\_\_\_  
Home Work Cell Pager

Email(s): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Resident of \_\_\_\_\_, MI \_\_\_\_\_  
County How long City State Country How Long

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street City State ZIP code

Are you currently working?  yes  no If not, why: \_\_\_\_\_

Gross pay: \$ \_\_\_\_\_ Net pay \$ \_\_\_\_\_

Are you paid:

weekly  bi-weekly (26 times a year)  bi-monthly (24 times a year)  monthly

Net weekly take home pay \$ \_\_\_\_\_ (**please provide a copy of your current paystub**)

Do you receive:  ADC,  Unemployment,  Social Security,  Workers compensation

Number of prior marriages: \_\_\_\_\_

**INFORMATION FOR VERIFIED STATEMENT**

Eye Color:\_\_\_\_\_ Hair Color:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Race:\_\_\_\_\_

Distinguishing marks:\_\_\_\_\_

Other names you are known by:\_\_\_\_\_

Driver license number:\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HEALTH ISSUES**

Do you suffer from any health issues?  Yes  No

If so, please detail what those issues are including any limitations said issues may cause:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II  
Other Parent’s Background**

Please answer the following questions about the other parent

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_, MI, \_\_\_\_\_  
Street City ZIP code

Telephone: \_\_\_\_\_  
Home Work Cell Pager

Email(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Resident of \_\_\_\_\_, MI \_\_\_\_\_  
County How long City State Country How Long

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street City State ZIP code

Are you currently working?  yes  no If not, why: \_\_\_\_\_

Gross pay:\$\_\_\_\_\_ Net pay\$\_\_\_\_\_

Are they paid:

weekly  bi-weekly (26 times a year)  bi-monthly (24 times a year)  monthly

Net weekly take home pay\$\_\_\_\_\_ (**please provide a copy of their current paystub**)

Do they receive:  ADC,  Unemployment,  Social Security,  Workers compensation

Number of prior marriages:\_\_\_\_\_

### INFORMATION FOR VERIFIED STATEMENT

Eye Color:\_\_\_\_\_ Hair Color:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Race:\_\_\_\_\_

Distinguishing marks:\_\_\_\_\_

Other names you are known by:\_\_\_\_\_

Driver license number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### HEALTH ISSUES

Does the other parent suffer from any health issues?  Yes  No

If so, please detail what those issues are including any limitations said issues may cause:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section III Children

Please fill in the following information for each of your children:

Full Name	Social Security #	DOB	Age


Please state the address, custodian and length of time at each address for each minor child

<b>Name</b>	<b>Address</b>	<b>Custodian</b>	<b>Length of time at each address</b>

If a child lived at a different address for the last 5 years (other than identified above), list each address, the custodian and the length of time at each address

<b>Name</b>	<b>Address</b>	<b>Custodian</b>	<b>Length of time at each address</b>

Are both parents listed on the birth certificate?  Yes  No

Was an Affidavit of Parentage signed?  Yes  No

If yes, please provide a copy of the Affidavit of Parentage.

Is there a current family support order?      Yes    No

If yes, what is the case number: DS-\_\_\_\_\_ - \_\_\_\_\_

What amount is ordered to pay: \$\_\_\_\_\_ per week

Who is the payer: \_\_\_\_\_

Is the payer behind in payments?  Yes    No If yes, what amount: \$\_\_\_\_\_

Have you participated in child custody litigation regarding the minor children of this marriage?  
 Yes    No If yes, is it pending?  Yes    No Name the court and what the case number is: \_\_\_\_\_

Do you know of any past or present court cases concerning custody of your children?  Yes  
 No If yes, where is/was the case and the case number: \_\_\_\_\_

Is there anyone (grandparents, uncles, aunts, etc.) who is not a party to this divorce (you and the other parent) who has physical custody of any child?  Yes    No or who claims visitation ?  
 Yes    No or who claims custodial rights?  Yes    No

If yes to any of the above, please give the following information:

Name	Address	Relationship to child	Explanation

Have you and the other parent agreed on an amount of child support?  Yes    No

If yes, what is the amount per week? \$\_\_\_\_\_

Are you or the other parent paying child support for children outside of the marriage?

Yes  No

If yes:

<b>Payer</b>	<b>Weekly Amount</b>

Who will claim your children as dependents on your tax returns?  You  The other parent

Or have you agreed upon alternating years for declaring the children on your returns?  Yes

No

If yes, please give the following information:

<b>Child</b>	<b>Age</b>	<b>Person to Claim exemption</b>

**Shared legal custody** means one parent has physical custody with the other parent having open and liberal visitation. The parents confer with each other on all important matters affecting health, education and welfare of the minor children

**Shared physical custody** means you and the other parent physically share the minor children so that the children reside with each of your in more or less equal amounts of time through out the year.

Have you and the other agreed on who will have custody of the children?  Yes  No

Do you agree on shared legal custody?  Yes  No

Or have you agreed on shared physical custody?  Yes  No

So you anticipate problems with visitation (lack of cooperation by other parent, need for specific schedule, etc.)?  Yes  No If yes, please explain:

---



---



---



---



---



---



---



---

Does your child/children attend daycare or after school care?  Yes  No  
 If yes please complete the following:

Name of Child	Name of Daycare or After school care	How often do they attend	Do they attend in summer	Amount paid per month

Do **you** provide health insurance for your child/children?  Yes  No

Provide the name of the insurer and policy number: \_\_\_\_\_

---

Does the other parent provide health insurance for your child/children?  Yes  No

Provide the name of the insurer and policy number: \_\_\_\_\_

---

How much do you or the other parent pay per month to insure the minor children only (generally the difference between a single plan and a family plan)? **Please attach a copy of a printout from your or their employer showing the monthly amounts.**

---