

# Gregory J. Denney & Associates, P.C.

Attorneys and Counselors at Law

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## **CUSTODY QUESTIONNAIRE**

Hello and welcome to the law firm of Gregory J. Denney & Associates, P.C. As a client, we ask that you please provide the following personal information about yourself, your spouse (or ex-spouse), your children, and your legal matter. Please be sure the information you provide is accurate, complete and correct to the best of your knowledge. Thank you for your full cooperation, and have a wonderful day.

### **1. CLIENT**

Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (M) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name & Number of Closest Friend or Relative (emergency contact): \_\_\_\_\_

Previous Attorney's Name: \_\_\_\_\_

Case No.: \_\_\_\_\_ County Case is in: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

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

Rate of Pay or Compensation: \_\_\_\_\_

Other sources of Income: \_\_\_\_\_

### **2. EX-SPOUSE**

Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

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

Rate of Pay or Compensation: \_\_\_\_\_

Other sources of Income: \_\_\_\_\_

Best Address to Serve or Give Notice: \_\_\_\_\_

**3. MARRIAGE (IF APPLICABLE)**

Date of Marriage: \_\_\_\_\_ Length of Marriage: \_\_\_\_\_

City and State of Marriage: \_\_\_\_\_

List all Previous Marriages and Divorces, if any: \_\_\_\_\_

**4. CHILDREN**

Please provide the following information for all children, both biological or adopted by you and your spouse or ex-spouse together.

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

b. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

c. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

d. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If you have any children that are not from or adopted by your spouse, please provide the names, dates of births, father's or mother's name, custodial and child support arrangements:

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

If your spouse has any children that are not from or adopted by your spouse, please provide the names, dates of births, father's or mother's name, custodial and child support arrangements:

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

Regarding the children created or adopted by you and your spouse, please provide the home addresses of the children for the previous five years:

\_\_\_\_\_

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If you and your spouse are currently separated, please state who now has possession/custody of the children and what arrangements, if any, do you now have regarding visitation and child support:

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Do any of your children have special needs or medical, psychological or dental conditions? If so, briefly explain:

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If your children are in daycare, before and/or after school care, or private school, please provide the name, location, and cost:

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**5. DIVORCE**

Have you or your spouse or ex-spouse ever been charged with or convicted of a crime, including but not limited to, domestic abuse, DUI, assault, possession of drugs, public intoxication, or larceny? If so, please list the charges and/or convictions giving the location, date of the offense, and the court disposition of the matter: \_\_\_\_\_

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**6. MONTHLY LIVING EXPENSES**

- a. Rent or Mortgage \$ \_\_\_\_\_
- b. Auto Payment \$ \_\_\_\_\_
- c. Food \$ \_\_\_\_\_
- d. Electric Bill \$ \_\_\_\_\_
- e. Natural Gas Bill \$ \_\_\_\_\_
- f. Water Bill \$ \_\_\_\_\_
- g. Telephone \$ \_\_\_\_\_
- h. Cable \$ \_\_\_\_\_
- i. Daycare \$ \_\_\_\_\_
- j. School Lunches \$ \_\_\_\_\_
- k. Auto Insurance \$ \_\_\_\_\_
- l. Life Insurance \$ \_\_\_\_\_
- m. Health Insurance \$ \_\_\_\_\_
- n. Dental Insurance \$ \_\_\_\_\_
- o. Medical Expenses (not covered/co-pay/deductibles) \$ \_\_\_\_\_
- p. R.X. (not covered) \$ \_\_\_\_\_
- q. Clothing \$ \_\_\_\_\_
- r. Dry Cleaning \$ \_\_\_\_\_
- s. Auto (gas/oil/repair) \$ \_\_\_\_\_
- t. Credit Card #1 \$ \_\_\_\_\_
- u. Credit Card #2 \$ \_\_\_\_\_
- v. Credit Card #3 \$ \_\_\_\_\_
- w. Credit Card #4 \$ \_\_\_\_\_
- x. Misc. (\_\_\_\_\_) \$ \_\_\_\_\_
- y. Misc. (\_\_\_\_\_) \$ \_\_\_\_\_

z. Misc. (\_\_\_\_\_) \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

Please list all known expenses coming due within the next six (6) months such as insurance payments, taxes and auto tags: \_\_\_\_\_

\_\_\_\_\_

**7. WHAT YOU WANT**

Please outline below what you want this office to seek on your behalf.

a. Custody of minor children: \_\_\_\_\_

\_\_\_\_\_

b. Visitation: \_\_\_\_\_

\_\_\_\_\_

c. Child Support or Child Support Collection: \_\_\_\_\_

\_\_\_\_\_

d. Adoption: \_\_\_\_\_

\_\_\_\_\_

e. Guardianship: \_\_\_\_\_

\_\_\_\_\_

f. Paternity Established: \_\_\_\_\_

\_\_\_\_\_

g. Protective or Restraining Orders: \_\_\_\_\_

\_\_\_\_\_

h. Other: \_\_\_\_\_

\_\_\_\_\_

i. How did you hear about our firm? \_\_\_\_\_

j. What method of payment do you intend to use? Check \_\_\_\_\_ Cash \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

\_\_\_\_\_  
Client Signature