

CHILD CUSTODY AND CHILD SUPPORT
QUESTIONNAIRE
Private and Confidential



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This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as fully as possible.

Your Personal Information

Date: _____

Legal Name: _____

List any other names used: _____

Social Security Number: _____ Driver's License No: _____

Birth Date: _____ Birth Place: _____

Please specify preferred contact information.

Present Address: _____

Mailing Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Other Parent/Guardian Information

Legal Name: _____

List any other names used: _____

Social Security Number: _____ Driver's License No: _____

Birth Date: _____ Birth Place: _____

Please specify preferred contact information for the other parent/guardian.

Present Address: _____

Can he/she be served there? _____

If no, where? _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Does the other parent/guardian have an attorney? _____ Name?

Child Information

Children: (Yours with your spouse)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Is there a dispute over custody? _____

Are these children covered by health insurance? Please list the Company, who pays, and the premium (kids only). _____

Other Children (Yours or Your Spouses from other relationships, please specify).

Name: _____

Sex (M/F): _____ **Date of Birth:** _____ **Place of Birth:** _____

Social Security Number: _____ **Age:** _____ **Drivers License No:** _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ **Date of Birth:** _____ **Place of Birth:** _____

Social Security Number: _____ **Age:** _____ **Drivers License No:** _____

Current Residence: _____

Child Lives With: _____

Who Has Duty of Support? _____ **Amount of Support \$** _____

Additional Information

Family Violence Issues: _____

Mental Health Issues: _____

Urgent Concerns (Such as Interaction with spouse, visitation, financial emergencies):

It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics between you and your attorney will be protected by the attorney-client privilege. If you fail to be honest in answering these questions, it could be absolutely disastrous to your case. Please answer as fully as possible.

Alleged Information

Will anyone allege that you or other parent/guardian has done the following? Please mark the appropriate choices.

Committed a crime	You _____	Spouse _____
Been arrested	You _____	Spouse _____
Been in jail or prison	You _____	Spouse _____
Been hospitalized for using illegal drugs	You _____	Spouse _____
Abused prescription drugs	You _____	Spouse _____
Been hospitalized for prescription drugs	You _____	Spouse _____
Abused alcohol	You _____	Spouse _____
Been hospitalized for abusing alcohol	You _____	Spouse _____
Been arrested or convicted of driving while under the influence of alcohol	You _____	Spouse _____
Engaged in gambling activities	You _____	Spouse _____
Engaged in other illegal activities	You _____	Spouse _____
Attempted suicide	You _____	Spouse _____
Been hospitalized for emotional or psychiatric disorder	You _____	Spouse _____
Suffered from or received treatment for an emotional or psychiatric condition	You _____	Spouse _____
Abused own spouse	You _____	Spouse _____
Been accused of child abuse	You _____	Spouse _____
Had a sexual relationship (during or since) the marriage with someone other than the spouse of which the children were aware	You _____	Spouse _____
Would anyone allege you or your spouse drink to excess?	You _____	Spouse _____

Prior Offense Information

Type of Offense: _____

Date of Offense: _____

Outcome: _____

You/Spouse: _____

Type of Offense: _____

Date of Offense: _____

Outcome: _____

You/Spouse: _____

Child Support

Who is responsible for child support payments? _____

How much is the monthly child support obligation? _____

How much is your monthly income after deductions? _____

How much is the other parent/guardian's monthly income after deductions? _____

Are you wanting to change child support obligations? If so, explain: _____

Child Custody

Are you wanting to change the custody agreement? If so, explain: _____
