

Child Custody Questionnaire

	CHILDREN'S PERSONAL INFO		
Complete for each child of	the parties.		
(1) Full Name			
DOB		M	F
Place of Birth			
Address			
Grades			
Principal	Teacher		
(2) Full Name			
DOB		M	F
Place of Birth			
Address			
Grades			
Principal	Teacher		

(3) Full Name

DOB			M	F
Place of Birth				
Address				
Grades				
Principal	Те	eacher		
(4) Full Name				
DOB			M	F
Place of Birth				
Address				
Grades				
Principal	Те	eacher		
(5) Full Name				
DOB			M	F
Place of Birth				
Address				
Grades				
Principal	Те	eacher		
Church (name)				
Address				
Minister				
Sunday School Teacher				
Day Care (name)				
Address				
Schedule				
Cost				

(2) Name

UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) INFORMATION

Who presently has physical custody of the children? Mother **Father** List each address where the children have lived during the past five years: (1) Street Address City, State, Zip From Date To Date (2) Street Address City, State, Zip From Date To Date (3) Street Address City, State, Zip From Date To Date (4) Street Address City, State, Zip From Date To Date List the full names of each person with whom the children have lived during the past five years: (1) Name **Street Address** City, State, Zip From Date To Date

Street Address			
City, State, Zip			
From Date		To Date	
(3) Name			
Street Address			
City, State, Zip			
From Date		To Date	
(4) Name			
Street Address			
City, State, Zip			
From Date		To Date	
Has there been any court pehildren? Y N If yes, include as much detail as possible, including location, party names, and case # Is there any person, other any right of custody or visit Y N Additional Comments	than you or your spo	ouse, such as a grandp	
	CARE O	F CHILDREN	
Who was primarily respon	sible for getting up v	vith the children duri	ng the night?
Mother Father			

Who was primarily responsible for changing diapers?

Father

Mother

Mother **Father** Who was primarily responsible for cooking the meals for the children? Mother **Father** Who was primarily responsible for getting the children to day care or school? Mother **Father** Who was primarily responsible for helping the children with their homework or school work? Mother **Father** Who was primarily responsible for the religious education of the children? Mother **Father** Who was primarily responsible for taking the children to the doctor or the dentist? Mother **Father** Who was primarily responsible for putting the children to bed at night? Mother **Father** Who was the primary disciplinarian for the children? Mother **Father** Who was primarily responsible for bathing the children? Mother **Father** What kind of parent were you during the relationship? **Excellent** Good **Average Poor** What kind of parent was the other party during the relationship? Excellent Good **Average Poor Additional Comments** Arrangements for children if you have custody: Do you have a regular work schedule?

Y

N

Who was primarily responsible for getting the children up in the mornings?

Would	your work schedu	le interfere with your ability to care for your children?
Y	N	
which y	oe the home in you and the n will live.	
Will ea	ch child have his o	r her own bedroom?
Y	N	
Will the	e children be requi	ired to change schools?
Y	N	
Who w	ill care for the chil	dren while you are at work?
	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
What fa	amily members or	friends will help you in caring for the children?
(1)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(2)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(3)	Name	
(0)	Street Address	
	City, State, Zip	
	Phone Numbers	

ou cus	tody:	
(1)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(2)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
Additio	nal Comments	
Arran	gements for chi	ldren if the other party has custody:
Does th	e other party have	e a regular work schedule?
Y	N	
Would	the other party's v	work schedule interfere with his or her ability to care for your children?
Y	N	
which t	e the home in he other party children will	
Will eac	ch child have his o	or her own bedroom?
Y	N	
Will the	e children be requi	ired to change schools?
Y	N	
Who wi	ll care for the chil	dren while the other party is at work?
	Name	
	Street Address	
	City, State, Zip	

Name anyone, other than you and the children, who will live in the home with you if the court grants

Phone Numbers

Additional Comments

Vhat fa	amily members or	friends will help the other party in caring for the children?
(1)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(2)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(3)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
		the other party and the children, who will live in the home with the other im or her custody:
(1)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	
(2)	Name	
	Street Address	
	City, State, Zip	
	Phone Numbers	

Do	you have	e any heal	th problems that affec	t your ability to car	e for your children?
	Y	N			
	oes the ot ildren?	her party l	have any health proble	ems that affect his o	or her ability to care for your
	Y	N			
W	hose wor	k schedule	e is better suited to have	ving custody?	
	Mother	Fat	her		
W	hat best d	lescribes y	ou as a housekeeper?		
	Excellen	ıt	Above Average	Average	Poor
W	hat best d	lescribes t	he other party as a ho	usekeeper?	
	Excellen	ıt	Above Average	Average	Poor
Н	ow does y	our attitud	de differ from that of t	the other party rega	rding rearing children?
Ц	ow doos v	our attitud	de differ from that of t	the other party roga	rding adjugation?
110	ow does y	our attitut	de differ from that of t	me other party rega	rung education:
Н	ow does y	our attitud	de differ from that of t	the other party rega	rding religious training?
Н	ow does v	our attitud	de differ from that of t	he other party rega	rding discipline?
110	ow does y	our uttitut		ine other purty regu	ruing discipline.
Н	ow does y	our attitud	de differ from that of t	the other party rega	rding the feeding of children?
Н	ow does v	our attitud	de differ from that of t	the other party rega	rding bedtimes for the children?
	ow does j	our uttitut		ine other purty regu	rung beutimes for the emuren.
Н	ow does y	our attitud	de differ from that of t	the other party rega	rding recreation for the children?

Have you, child?	or has anyone else	, ever accused the other party of ph	ysically or sexually abusing a
Y	N		
Has the of child?	ther party, or has a	nyone else, ever accused you of phy	rsically or sexually abusing a
Y	N		
What are	your strongest poin	its as a parent?	
What are	the other party's st	rongest points as a parent?	
What are	your weakest point	s as a parent?	
What are	the other party's we	eakest points as a parent?	
For what	additional reasons	should you be granted custody?	
For what	additional reasons :	should the other party be denied cu	istody?
Have the	children said with v	vhom they prefer to live?	
Y	N		
	If applicable:	Mother Father	NOTE: If the children have not said, do not ask them
With who	m do the children s	eem to have the stronger parent-ch	nild relationship?
Mothe	r Father	Same	
Additiona	l Comments		

VISITATION

If you are granted custody, should the other party have standard visitation, more than standard visitation, or less than standard visitation?

Standard

More

Less

If the other party is granted custody, should you have standard visitation, more than standard visitation, or less than standard visitation?

Standard

More

Less

If you are granted custody, are there any restrictions that should be placed on the other party's visitation?

Y

N

If applicable:

Travel limited

Use of alcohol or drugs

Presence of paramour, date, or friend of opposite sex

Other

Why are these restrictions necessary?

If the other party is granted custody, are there any restrictions that you would accept on your visitation?

Y

N

If yes, what restrictions?

Additional Comments

WITNESSES AND EXHIBITS

State the name, address, and telephone number of each person not previously listed who should be considered as a witness, and state the subject of their testimony.

(1)

Name

Street Address

City, State, Zip

Phone Numbers

Date an	swers completed:	
Addition	nal Comments	
	(5)	
	(4)	
	(3)	
	(2)	
	(1)	
the other	er party, or any otl	e such as report cards, medical records, photographs, written statements of her evidence that you believe should be presented to the judge to help him custody. If possible, send or bring a copy of the document.
	Subject of Testimony	
	Phone Numbers	
	City, State, Zip	
(3)	Street Address	
(3)	Testimony	
	Subject of	
	City, State, Zip Phone Numbers	
	Street Address City State Zip	
(2)	Name	
	Subject of Testimony	
	Subject of	

Type your name to serve as your electronic signature:	
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