



**CONFIDENTIAL CUSTODY QUESTIONNAIRE**

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

*It is imperative that you be candid!!!*

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question N/A. If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Please refer to the question number to which your answer applies and attach your answer to this questionnaire.

Since your answers are being provided to me, you are assured of confidentiality and are protected by the attorney/client privilege. You should not show this form to anyone else!!!

**ATTORNEY/CLIENT PRIVILEGE ASSERTED AS TO ALL  
INFORMATION CONTAINED HEREIN**

1. If you want sole custody, or want to have primary possession of the child(ren) as a joint managing conservator, please tell me why you think you should have sole custody, or primary possession of the child(ren):

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2. List every reason your spouse should not have sole custody, or primary possession, of the child(ren):

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3. To avoid any surprises, list every reason your spouse will say that they should have sole custody, or primary possession. This will include your faults and the worst thing he or she will say about you:

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4. With whom do the child(ren) currently live? \_\_\_\_\_  
5. Period of time in which this living arrangement has been in effect: \_\_\_\_\_

6. Names and addresses of schools child(ren) attend, dates attended and name of teacher or principal there who is familiar with child:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address of School: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher or Principal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address of School: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher or Principal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address of School: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher or Principal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Address of School: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher or Principal: \_\_\_\_\_

7. CARE OF THE CHILD(REN): (To the extent that both you and your spouse (or ex-spouse) have shared the responsibilities listed below)

- g. Who prepares meals? \_\_\_\_\_
- h. Who arranges for medical and dental care and takes the child(ren) to doctor's appointments? \_\_\_\_\_
- i. Who takes the child(ren) to school? \_\_\_\_\_
- j. Who picks the child(ren) up from school? \_\_\_\_\_
- k. Who shops for the child(ren)'s clothes? \_\_\_\_\_
- l. Who transports the child(ren) to extracurricular activities? \_\_\_\_\_
- m. Who participates with the child(ren) in recreational or educational activities? \_\_\_\_\_
- n. Describe the nature of the activities and how often you or your spouse or ex-spouse participate in them:

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- o. Do the child(ren) receive religious training? \_\_\_\_\_
  - i. If so, from whom? \_\_\_\_\_
- p. Who arranges the child(ren)'s birthday parties? \_\_\_\_\_
- q. Who helps the child(ren) with their homework? \_\_\_\_\_
- r. Who attends parent-teacher conferences? \_\_\_\_\_
- s. Are the child(ren) more likely to turn to you or to your spouse (or ex-spouse) when they have problems? \_\_\_\_\_
- t. Do you feel the child(ren) are closer to you or your spouse (or ex-spouse)? \_\_\_\_\_
- u. Are the child(ren) in day-care or with a sitter? \_\_\_\_\_
  - i. If so, how many hours per week? \_\_\_\_\_
  - ii. Please give name, address and telephone number of the day-care or sitter:

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iii. Who arranges for the day-care or sitter?

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- v. Who cares for the child(ren) when they are ill? \_\_\_\_\_
- w. Who disciplines the child(ren)? \_\_\_\_\_
  - i. By what method? \_\_\_\_\_

- x. Has the division of responsibility for childcare changed over the years? \_\_\_\_\_
  - i. If so, describe:

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8. TIME AVAILABLE TO SPEND WITH THE CHILD(REN) AND PLANS FOR THEIR FUTURE CARE:

- a. What are your working hours? \_\_\_\_\_
- b. What time do you leave home? \_\_\_\_\_
- c. When do you return? \_\_\_\_\_
- d. Do you have flexible working hours? \_\_\_\_\_
- e. Does your work require travel? \_\_\_\_\_
  - i. If so, what distance and amounts of time? \_\_\_\_\_
- f. Is your work schedule likely to change in the future? \_\_\_\_\_
- g. What are your plans for childcare? \_\_\_\_\_
- h. Describe your housing arrangements, including number of bedrooms: \_\_\_\_\_
- i. What are your spouse's (or ex-spouse's) working hours? \_\_\_\_\_
- j. What time does your spouse (or ex-spouse) leave home? \_\_\_\_\_
- k. When does your spouse (or ex-spouse) return? \_\_\_\_\_
- l. Does your spouse (or ex-spouse) have flexible working hours? \_\_\_\_\_
- m. Does your spouse (or ex-spouse) work require travel? \_\_\_\_\_
  - i. If so, what distance and amounts of time? \_\_\_\_\_
- n. Is your spouse (or ex-spouse's) schedule likely to change in the future? \_\_\_\_\_
- o. What are your spouse (or ex-spouse's) plans for child care? \_\_\_\_\_

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- p. Describe your spouse (or ex-spouse's) housing arrangements, including number of bedrooms: \_\_\_\_\_

9. SPECIAL NEEDS OF THE CHILD(REN):

- a. Do the child(ren) have any special or unusual educational or health care needs?
  - i. If so, describe them:

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- b. Who has worked to meet those needs? \_\_\_\_\_
  - c. Are you or your spouse (or ex-spouse) better able to meet those needs? \_\_\_\_\_

- i. Why? \_\_\_\_\_
- d. Has the child(ren)'s academic performance changed in the last few years or months?
  - i. If so, what is the reason for the change? \_\_\_\_\_

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- e. Has a psychiatrist or psychologist examined any of the child(ren)? \_\_\_\_\_
  - i. Name of child(ren) who have seen psychiatrist/psychologist: \_\_\_\_\_
  - ii. Name of psychiatrist/psychologist: \_\_\_\_\_
  - iii. Address of psychiatrist/psychologist: \_\_\_\_\_
  - iv. Telephone number of psychiatrist/psychologist: \_\_\_\_\_
  - v. Dates of examinations: \_\_\_\_\_

10. INTERFERENCE WITH OTHER PARENT' S RELATIONSHIP WITH CHILD(REN):

- a. Have you or your spouse (or ex-spouse) interfered with the child(ren)' s relationship with the other parent or spoken badly about the other parent to the child(ren)?
  - i. If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Have you or your spouse (or ex-spouse) blocked the other parent=s visitation with the child(ren)?
  - i. If so, explain, giving dates and frequency with which visitation was blocked:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Have you or your spouse (or ex-spouse) discouraged the child(ren) from having a good relationship with a step-parent or a "significant person" in the other parent=s life?
  - i. If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. COOPERATION BETWEEN YOU AND YOUR SPOUSE (OR EX-SPOUSE):

- a. How well have you and your spouse (or ex-spouse) been able to cooperate on matters concerning the child(ren) and on matters concerning visitation or access to the child(ren)?

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- b. To what extent do you and your spouse (or ex-spouse) share values regarding how the child(ren) should be raised, what type of education they should have, and what type of religious training they should have (if any)?

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12. FREQUENCY OF MOVES AND PLANS TO MOVE:

- a. Have you or your spouse (or ex-spouse) moved in the last ten years?

- i. If so, when and where (include moves in the same city):

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- b. Do you or your spouse (or ex-spouse) plan to move in the near future?

- i. If so, when and where?

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- c. Does the parent who is not moving oppose the move?

- i. Why?

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13. "SKELETONS IN THE CLOSET" AND SENSITIVE TOPICS:

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 with me in answering these questions, it could be absolutely disastrous to your case.

If an answer to one or more of the questions below is "YES," please describe the situation(s) in detail on a separate sheet of paper and attach it to this questionnaire.

Have you or your spouse (or ex-spouse) ever:

- a. \_\_\_\_\_ committed a felony?
- b. \_\_\_\_\_ been arrested?
- c. \_\_\_\_\_ been in jail or prison?
- d. \_\_\_\_\_ used illegal drugs?
- e. \_\_\_\_\_ abused prescription drugs?

- f. \_\_\_\_\_ abused alcohol?
- g. \_\_\_\_\_ been arrested for or convicted of driving while intoxicated?
- h. \_\_\_\_\_ engaged in gambling activities?
- i. \_\_\_\_\_ attempted suicide?
- j. \_\_\_\_\_ been hospitalized for an emotional or psychiatric disorder?
- k. \_\_\_\_\_ suffered from or received treatment for an emotional or psychiatric condition?
- l. \_\_\_\_\_ abused your spouse?
- m. \_\_\_\_\_ abused your child(ren)?
- n. \_\_\_\_\_ had a sexual relationship during the marriage with someone other than your spouse?
- o. \_\_\_\_\_ had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the child(ren) were aware? If so, describe the children's reaction to the relationship and the child(ren)'s feelings about the person involved in the relationship: \_\_\_\_\_
- p. \_\_\_\_\_ had a homosexual relationship?
- q. \_\_\_\_\_ engaged in unusual sexual practices?
- r. \_\_\_\_\_ had a pregnancy outside of marriage?
- s. \_\_\_\_\_ had a venereal disease?
- t. \_\_\_\_\_ drink socially? If so, what do you drink and with what frequency?

14. If you or your spouse (or ex-spouse) have a relationship with a person whom the child(ren) see frequently, and that person would answer "yes" to one or more of the preceding "skeleton in the closet" questions, describe the situation: \_\_\_\_\_

\_\_\_\_\_

15. Do you or your spouse (or ex-spouse) suffer from any physical disability that would interfere with being able to care for the child(ren)? If so, explain: \_\_\_\_\_

\_\_\_\_\_

16. Is there any other fact or issue that you are worried your spouse could use against you? If so, explain: \_\_\_\_\_

\_\_\_\_\_

17. CHILD(REN)' S PREFERENCES:

- a. Have the child(ren) told you with whom they want to live? \_\_\_\_\_
  - b. If so, what is the basis for the preference? \_\_\_\_\_
  - c. How strong is the preference? \_\_\_\_\_
  - d. How long has the preference been held? \_\_\_\_\_
  - e. Has the preference changed? \_\_\_\_\_
  - f. How would you feel about the child(ren) talking to the judge regarding their preference? \_\_\_\_\_
- \_\_\_\_\_

18. CHILD(REN)'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:

- a. How do the child(ren) get along with each other? \_\_\_\_\_  
\_\_\_\_\_
- b. How do the child(ren) get along with stepparents? \_\_\_\_\_  
\_\_\_\_\_
- c. How do the child(ren) get along with stepbrothers and stepsisters? \_\_\_\_\_  
\_\_\_\_\_
- d. Do the child(ren) have a particularly close relationship with either or both sets of grandparents? \_\_\_\_\_
  - i. If so, explain?  
\_\_\_\_\_  
\_\_\_\_\_
- e. Do the child(ren) have a strong relationship with anyone else that you believe is important?
  - i. If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

19. GOALS:

- a. What are your future goals with the child(ren) and reasons for these goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. To what extent do you believe that you and your spouse (or ex-spouse) should have joint custody (sometimes referred to as "shared parental responsibility") under which you both would share equally in making major decisions affecting the child(ren)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. What are your spouse's (or ex-spouse's) future goals with the child(ren) and reasons for these goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Have you and your spouse (or ex-spouse) attempted to work out a settlement of the case between yourselves? What proposals have you made? What are your positions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. WITNESSES

Who do you think would make good witnesses for you, and what do you think the testimony

would be? (Possible witnesses include neighbors, the child(ren)'s teachers, friends, doctors, baby-sitters, day-care workers, clergy and family members.)

Name: \_\_\_\_\_

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

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Summary of information you believe witness knows:

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Name: \_\_\_\_\_

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

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Summary of information you believe witness knows:

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Name: \_\_\_\_\_

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

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Summary of information you believe witness knows:

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Name: \_\_\_\_\_

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

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Summary of information you believe witness knows:

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Name: \_\_\_\_\_

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

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Summary of information you believe witness knows:

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21. PENDING PROCEEDINGS, OTHER ATTORNEYS, AND WHAT BROUGHT YOU TO THIS OFFICE:

- a. Are there any court proceedings pending on this matter? If so, explain:(Include name of Court, name of Judge, date of filing, court docket number, and status of case:)

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- b. Have you consulted or retained any other attorneys on this matter before coming to this office? If so, who and when:

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- c. Did your spouse (or ex-spouse) have any other attorneys? If so, who?

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- d. Who referred you to this office?

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