



**STINSON, LASSWELL & WILSON, L.C.**

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**CHILD CUSTODY QUESTIONNAIRE**

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

**ABOUT YOU**

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (please include state where issued): \_\_\_\_\_

Please state your residence address for the last five (5) years:

Address (Please include Address, City, State)	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How long with current employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Please State Your Employment History for the Last Five (5) Years:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Have you been married before?  Yes  No

If yes, how many times: \_\_\_\_\_

**ABOUT YOUR PRESENT SPOUSE**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Driver's License Number (please include state where issued): \_\_\_\_\_

Please state your spouse's residence address for the last five (5) years:

Address <i>(Please include Address, City, State)</i>	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
 How long with current employer? \_\_\_\_\_  
 Current Position: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Please State Your Spouse's Employment History for the Last Five (5) Years:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Has your spouse been married before?  Yes  No      If yes, how many times: \_\_\_\_\_

ABOUT YOUR EX-SPOUSE

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Driver's License Number (please include state where issued): \_\_\_\_\_

Please state your ex-spouse's residence address for the last five (5) years:

Address <i>(Please include Address, City, State)</i>	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
 How long with current employer? \_\_\_\_\_  
 Current Position: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Please State Your Ex-Spouse's Employment History for the Last Five (5) Years:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Has your ex-spouse been married before?  Yes  No      If yes, how many times: \_\_\_\_\_

**ABOUT YOUR CURRENT MARRIAGE**

Date of Current Marriage: \_\_\_\_\_

City, County, State of Current Marriage: \_\_\_\_\_

Are there any children:  Yes  No

If yes, please list the names and birth dates of all children of your current marriage:

Child's Name	Social Security Number	Sex	Birth Date	Birth Place (City, State)

**ABOUT YOUR PRESENT SPOUSE'S PREVIOUS MARRIAGE**

Date of Previous Marriage: \_\_\_\_\_

City, County, State of Previous Marriage: \_\_\_\_\_

Date of Final Divorce Decree: \_\_\_\_\_

City, County and State of Final Divorce: \_\_\_\_\_

Are there any children:  Yes  No If yes, who was awarded custody of the children? \_\_\_\_\_

If yes, please list the names and birth dates of all children of your present spouse's previous marriage:

Child's Name	Social Security Number	Sex	Birth Date	Birth Place (City, State)

**ABOUT YOUR PREVIOUS MARRIAGE**

Date of Previous Marriage: \_\_\_\_\_

City, County, State of Previous Marriage: \_\_\_\_\_

Date of Final Divorce Decree: \_\_\_\_\_

City, County and State of Final Divorce: \_\_\_\_\_

Are there any children:  Yes  No If yes, who was awarded custody of the children? \_\_\_\_\_

If yes, please list the names and birth dates of all children of previous marriage:

Child's Name	Social Security Number	Sex	Birth Date	Birth Place (City, State)

**ABOUT YOUR EX-SPOUSE'S PREVIOUS MARRIAGE**

Date of Previous Marriage: \_\_\_\_\_

City, County, State of Previous Marriage: \_\_\_\_\_

Date of Final Divorce Decree: \_\_\_\_\_

City, County and State of Final Divorce: \_\_\_\_\_

Are there any children:  Yes  No If yes, who was awarded custody of the children? \_\_\_\_\_

If yes, please list the names and birth dates of all children of your ex-spouse's previous marriage:

Child's Name	Social Security Number	Sex	Birth Date	Birth Place (City, State)

BASIC INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

Please complete the following regarding children subject to this suit:

Child's Name	Social Security Number	Sex	Date of Birth	Birth Place

If you wish to have custody of these children, please explain why you think you should have custody? \_\_\_\_\_

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Please explain why you think your ex-spouse should not be awarded custody? \_\_\_\_\_

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Please state what your ex-spouse will say about you: \_\_\_\_\_

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With whom do the children currently live? \_\_\_\_\_

How long? \_\_\_\_\_

Please list the name and addresses of schools for each child subject to this suit, including dates attended and name of teacher or principal who is familiar with the child:

Child's Name:	Child's Age:
School Name:	Teacher or Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number: (       )

Child's Name:	Child's Age:
School Name:	Teacher or Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number: (       )

Child's Name:	Child's Age:
School Name:	Teacher or Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number: (       )

Child's Name:	Child's Age:
School Name:	Teacher or Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number: (       )

CARE OF THE CHILDREN

To the extent that both you or your spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared (please check all that apply):

- Who helps the children get dressed in the morning?  You  Spouse  Ex-Spouse
- Who bathes the children and grooms them?  You  Spouse  Ex-Spouse
- Who takes care of the children during the day?  You  Spouse  Ex-Spouse
- Who takes care or would take care of the children while you are at work?  You  Spouse  Ex-Spouse
- Who arranges for getting the children together with playmates?  You  Spouse  Ex-Spouse
- Who puts the children to bed at night?  You  Spouse  Ex-Spouse
- Who prepares the meals?  You  Spouse  Ex-Spouse
- Who arranges for medical and dental care and takes the children to doctor appointments?  You  Spouse  Ex-Spouse
- Who cares for the children when they are ill?  You  Spouse  Ex-Spouse
- Who takes the children to school?  You  Spouse  Ex-Spouse
- Who picks the children up from school?  You  Spouse  Ex-Spouse
- Who shops for the children's clothes?  You  Spouse  Ex-Spouse
- Who transports the children to extracurricular activities?  You  Spouse  Ex-Spouse
- Do you, your spouse or your ex-spouse participate in recreational activities with the children?  You  Spouse  Ex-Spouse
- Describe the nature of the activities and how often you, your spouse or ex-spouse participate: \_\_\_\_\_  
\_\_\_\_\_

- Do you, your spouse or your ex-spouse participate in educational activities with the children?  You  Spouse  Ex-Spouse
- Describe the nature of the activities and how often you, your spouse and your ex-spouse participate: \_\_\_\_\_  
\_\_\_\_\_

- Do the children receive religious training?  Yes  No
- If yes, who provides the training?  You  Spouse  Ex-Spouse
- Who arranges the children's birthday parties?  You  Spouse  Ex-Spouse
- Who helps the children with their homework?  You  Spouse  Ex-Spouse
- Who attends parent-teacher conferences?  You  Spouse  Ex-Spouse
- Are the children more likely to turn to you, your spouse or your ex-spouse when they have problems?  You  Spouse  Ex-Spouse
- Are the children in daycare or with a sitter?  Yes  No
- If so, how many hours per week? \_\_\_\_\_

Daycare or Sitter Information:

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

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

City, State, Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Who arranges for daycare for sitter?  You  Spouse  Ex-Spouse

**Who disciplines the children?**

You    Spouse    Ex-Spouse

**Describe discipline:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you feel the children are closer to you, your spouse or your ex-spouse?**

You    Spouse    Ex-Spouse

**Why?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the division of responsibilities for the child care changed over the years? If so, please explain:** \_\_\_\_\_

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

TIME AVAILABLE TO SPEND WITH THE CHILDREN AND PLANS FOR THEIR FUTURE CARE

What are your working hours, including the time leaving and returning home: \_\_\_\_\_

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Do you have flexible working hours? If so, please describe: \_\_\_\_\_

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Does your work require travel? If so, please state distance and amount of time travel: \_\_\_\_\_

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Is your work schedule likely to change in the future? If so, please describe: \_\_\_\_\_

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Describe your housing arrangements, including sleeping arrangements (number of bedrooms): \_\_\_\_\_

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What are your spouse's working hours, including the time leaving and returning home? \_\_\_\_\_

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Does your spouse have flexible working hours? If so, please describe: \_\_\_\_\_

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Does your spouse's work require travel? If so, please state distance and amounts of time traveled: \_\_\_\_\_

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Is your spouse's work schedule likely to change in the future? If so, please describe: \_\_\_\_\_

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**What are your ex-spouse's working hours, including the time leaving and returning home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your ex-spouse have flexible working hours? If so, please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your ex-spouse's work require travel? If so, please state distance and amount of time travel:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your ex-spouse's work schedule likely to change in the future? If so, please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your ex-spouse's housing arrangements, including sleeping arrangements (number of bedrooms):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS OF THE CHILDREN**

**Do the children have any special or unusual educational or health care needs:**       **Yes**       **No**

**If so, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who has worked to meet those needs:**       **You**     **Spouse**     **Ex-Spouse**

**Are you, your spouse or ex-spouse better able to meet those needs?**       **You**     **Spouse**     **Ex-Spouse**

**Has the children's academic performance changed in the last few years or months?**       **Yes**       **No**

**If so, please explain the reason for the change:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH THE CHILDREN

Have you, your spouse or ex-spouse interfered with the child's relationship with the other parent or spoken badly about the other parent to the child?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, your spouse or ex-spouse blocked the other parent's visitation with the children?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, your spouse or ex-spouse discouraged the child from having a good relationship with a step-parent or a "significant other" in the other parent's life?  Yes  No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COOPERATION BETWEEN YOU AND YOUR SPOUSE OR EX-SPOUSE

How well have you, your spouse and/or ex-spouse been able to cooperate on matters concerning the children and on matters concerning visitation or access to the children? \_\_\_\_\_

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

To what extent do you, you spouse and/or ex-spouse share values regarding how the children should be raised, what type of education they should have., and what type of religious training they should have, if any: \_\_\_\_\_

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

**"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 attorney/client privilege. If you fail to be honest with your attorney in answering these questions, it could be absolutely disastrous to your case.

If any answer to one of the questions below is "yes", please describe the situation in detail. Provide documentation if available and/or indicate where that information may be obtained.

Have you, your spouse, your ex-spouse or ex-spouse's spouse ever:

- |   |  |  |
|---|--|--|
| Committed a felony?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Been arrested?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Been in jail or prison?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Used illegal drugs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Been arrested or convicted for drunk driving or use of illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Engaged in any other illegal activities?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Abused your spouse?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Accused of abusing your spouse?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Abused your child sexually?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Accused of abusing your child sexually?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
| Do you drink socially?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |

Describe your, your spouse, your ex-spouse's and your ex-spouse spouse's drinking habits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |  |
|--|--|--|
| Been hospitalized for emotional or psychiatric disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, who? <input type="checkbox"/> You <input type="checkbox"/> Spouse<br><input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Ex-Spouse's Spouse |
|--|--|--|





CHILD'S RELATIONSHIP WITH OTHER FAMILY MEMBERS

How do the children get along with each other? \_\_\_\_\_

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

How do the children get along with step-parents? \_\_\_\_\_

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

How do the children get along with step-brothers and/or step-sisters? \_\_\_\_\_

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

Do the children have a particularly close relationship with either or both sets of grandparents?  Yes  No

Please explain: \_\_\_\_\_

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

Do the children have a strong relationship with anyone else that you believe is important?  Yes  No

Please explain: \_\_\_\_\_

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

GOALS

What are your future goals with the children and what are the reasons for your goals? \_\_\_\_\_

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To what extent do you believe that you and your spouse/ex-spouse should have shared custody under which you both would share equally, or nearly equal, the child's time: \_\_\_\_\_

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What are your spouse's or ex-spouse's future goals with the children and the reasons for those goals? \_\_\_\_\_

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Have you, your spouse, or ex-spouse attempted to work out a settlement of the case between yourselves?

- Yes  No

What progress have you made? \_\_\_\_\_

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What are your positions? \_\_\_\_\_

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WITNESSES

Who do you think would make a good witness for you and what do you think their testimony would be?

*(Possible witnesses include neighbors, children's teachers, friends, doctors, babysitters, daycare workers, clergy and family members.)*

NAME	HOME PHONE	WORK PHONE	ADDRESS	TESTIMONY
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				

Please list possible witnesses for your spouse and/or ex-spouse and what do you think will be the testimony of those persons?

NAME	HOME PHONE	WORK PHONE	ADDRESS	TESTIMONY
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				

**SPECIAL WITNESSES AND REQUEST**

The answer to the following is not necessarily the same answer you would give as above, or as to persons who have knowledge of relevant facts. The following question requests limited and specific information, and is normally restricted to a few persons. These individuals may include parents, grandparents and others who have had a longstanding and close relationship to the children.

Please provide the name, address, telephone number and a brief statement of the testimony of all individuals with significant knowledge of the child's history and condition.

NAME	HOME PHONE	WORK PHONE	ADDRESS	TESTIMONY
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

