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CHILD CUSTODY, VISITATION AND SUPPORT QUESTIONNAIRE

Name: _____ Date completed: _____

Introduction

Please complete the following questionnaire setting forth as much detail as possible. This information is necessary for us in our representation of you in separation and/or divorce proceedings. Use additional sheets of paper where more space is needed. Also, provide your attorney with documents you have supporting the information you provide on this form.

I. GENERAL QUESTIONS

Please provide the following information regarding the child(ren) subject to this suit:

Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you wish to have custody of the child(ren), state the reasons why you believe you should have custody.

Explain why you think the opposing parent should not be awarded custody.

Briefly state what you think the opposing parent will say about you and your ability to be the custodial parent of the child(ren).

To what extent do you believe that you and the other parent should have joint custody under which you both would share equally in making major decisions affecting the child(ren)?

Do you think the child(ren) are closer to you or the other parent/parent? (Briefly explain.)

II. CURRENT CUSTODY AND VISITATION ARRANGEMENT

With whom do/does the child(ren) currently live for the majority of the time? _____

Is there a current visitation schedule? If yes, please describe.

If there is a current visitation schedule, was it ordered by a court? _____

If yes, what is the date of the order? _____

For how long has the current custody and visitation arrangement been in place (whether or not it was ordered by a court)? _____

If the current custody and visitation arrangement was modified from a previous arrangement or court order, describe the previous arrangement, the dates during which it was in place, and the circumstances leading to the change.

If there is no current arrangement, have you and the other parent attempted to work out a settlement of the issues with each other? Describe proposals have you made and your positions.

III. CARE OF THE CHILD(REN)

For the following child care activities, state the parent who is primarily responsible for the activity. If the responsibility is shared, state the extent to which it is shared.

- a. Who helps the child(ren) get dressed in the morning? _____
- b. Who bathes the child(ren) and grooms them? _____
- c. Who takes care of the child(ren) during the day? _____
- d. Who arranges for getting the child(ren) together with playmates? _____
- e. Who puts the child(ren) to bed at night? _____
- f. Who prepares meals? _____
- g. Who arranges for medical and dental care and takes the child(ren) to doctor's appointments? _____
- h. Who takes the child(ren) to school? _____
- i. Who shops for the child(ren)'s clothes? _____
- j. Who transports the child(ren) to extracurricular activities? _____
- k. Who participates with the child(ren) in recreational or educational activities?

- l. If the child(ren) receive(s) religious training, who provides it? _____
- m. Who arranges the child(ren)'s birthday parties? _____
- n. Who helps with the child(ren)'s homework? _____
- o. Who attends parent-teacher conferences? _____
- p. Who arranges for daycare or babysitters? _____
- q. Who disciplines the child(ren)? _____
- r. Describe how each parent disciplines the child(ren) _____

Has the division of child care responsibilities changed over the years? If so, explain.

Do you currently use daycare or a regular babysitter for the child(ren)? _____

If so, how many hours per week? _____

Daycare or sitter information:

Name _____

Street Address: _____

City, State, Zip: _____

Work Phone (_____) _____ Cell Phone: (_____) _____

IV. TIME AVAILABLE TO SPEND WITH THE CHILDREN

What are your working hours, including time leaving and returning to home?

Do you have flexible working hours?

Does your work require travel? If so, what distance and amounts of time?

Is your work schedule likely to change in the future? If so, explain.

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

What are the other parent's working hours, including time leaving and returning to home?

Does the other parent have flexible working hours?

Does the other parent's work require travel? If so, what distance and amounts of time?

Is the other parent's work schedule likely to change in the future? If so, explain.

Describe the other parent's housing arrangements, including sleeping arrangements (number of bedrooms):

V. SPECIAL NEEDS OF THE CHILD(REN)

Do/does the child(ren) have any special or unusual education or health care needs? _____

If so, please explain: _____

Who has worked to meet those needs? _____

Are you or the other parent better able to meet those needs? Why?

Has the child(ren)'s academic performance changed in the last few years or months? _____

If so, please explain: _____

Has a psychiatrist or psychologist examined any of the child(ren)? _____

If so, please provide the following:

Name of the psychiatrist/psychologist: _____

Name of child(ren) who have seen the psychiatrist/psychologist: _____

Address of the psychiatrist/psychologist: _____

Telephone number of the psychiatrist/psychologist: _____

Dates of examinations: _____

VI. INTERFERENCE WITH THE OTHER PARENT’S RELATIONSHIP WITH THE CHILD(REN)

Have you or the other parent interfered with the child(ren)’s relationship with each other or spoken badly about each other to the child(ren)? If so, explain. _____

Have you or the other parent blocked each other’s visitation with the child(ren)? If so, explain, giving dates and frequency with which visitation was blocked. _____

Have you or the other parent discouraged the child(ren) from having a good relationship with a stepparent or a “significant person” in the other parent’s life? If so, explain. _____

VII. COOPERATION BETWEEN THE PARTIES

How well have you and the other parent been able to cooperate on matters concerning the child(ren) and on matters concerning visitation or access to the child(ren)?

To what extent do you and the other parent 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)? _____

VIII. PLANS TO MOVE

Do you or the other parent plan to move in the near future? If so, why, when and where?

Does the parent who is not moving oppose the move? If so, explain.

IX. SENSITIVE TOPICS

Please be honest in answering the following questions. Any discussion on these forms or with your attorney are protected by attorney/client privilege. If you fail to be honest answering these questions, it could have severe negative consequences for your case. If you answer yes to any of the questions below, please use the additional space to explain your answer.

Have you or the other parent ever:

- _____ a. Committed a felony?
- _____ b. Been arrested?
- _____ c. Been in jail or prison?
- _____ d. Used illegal drugs after the birth of your child(ren)?
- _____ e. Abused prescription drugs or alcohol?
- _____ f. Been arrested for or convicted of driving while intoxicated?
- _____ g. Engaged in any other illegal activities?
- _____ h. Suffered from or received treatment for an emotional or psychiatric condition?
- _____ i. Abused the other parent?
- _____ j. Been accused of abusing the other parent?
- _____ k. Been abused by the other parent?
- _____ l. Been accused of abusing your child(ren)?
- _____ m. Had a sexual relationship with somebody aside from the other parent about which your child(ren) were aware?
- _____ n. Had a pregnancy outside of marriage?
- _____ o. Drink socially? If so, describe below what you drink and with what frequency?

If you answered “yes” to any of the above questions, please explain:

If you or the other parent has a relationship with a person whom the child(ren) see frequently, and that person would answer “yes” to one or more of the preceding questions in this section, please explain.

X. FAMILY RELATIONSHIPS

How do the children get along with each other? _____

How do/does the child(ren) get along with any stepparents? _____

How do/does the child(ren) get along with any stepbrothers or stepsisters? _____

Are the child(ren) close with either or both sets of grandparents? If so, explain. _____

Are the child(ren) close with any other people that you believe are important? If so, explain:

XI. INFORMATION FOR SUPPORT CALCULATIONS

Father's Income

Current Gross Annual Income from All Sources: \$ _____

Previous Year's Gross Income from All Sources: \$ _____

Mother's Income

Current Gross Annual Income from All Sources: \$ _____

Previous Year's Gross Income from All Sources: \$ _____

Child Care Expenses for the Child(ren)

Description (Facility/Provider name)	Amount (specify per week/month/year)
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Health Insurance Expenses for Child(ren)

Plan name/Group #	Paying Parent	Amount	Is the policy provided through an employer?
_____	_____	\$ _____	Y or N

Additional Cost to Cover the Child(ren) \$ _____