

CONFIDENTIAL QUESTIONNAIRE FOR CUSTODY

Please read the following information and fill out the attached questionnaire. Fill out the form as much as possible. If you do not have complete information or understand the question, just make a note on the form. This document will not be made public. Feel free to make notes on it. The questionnaire is lengthy, but filling it out as completely as possible will make your case much easier to process and will save you time and money.

General Suggestions: Your well-meaning friends and associates may offer you advice about your case. Frequently such advice is not accurate. You should be cautious in following it. The facts surrounding your case are unique and they differ from every other case. Family law proceedings are very emotional and parties sometimes use them to seek revenge or to hurt the other party.

Sometimes a parent will use the children in an attempt to punish the other party. Prepare your children, but without poisoning their minds about the other parent. Obtain counseling for you and your children if you need it. We are committed to trying to minimize the impact of legal proceedings on children. No matter what, please do not badmouth the other parent or talk about the case in front of your children.

Confidentiality: In order to properly represent you, we must have all the facts. Our questionnaire asks for information we need to know. Anything you tell anyone in this office is strictly confidential and will not be disclosed without your permission. If you have any questions about this, please ask the attorney. Some facts about your life are relevant to your case and some are not. It is better to tell the attorney too much rather than too little. If the attorney does not think it is relevant to your case, the attorney will tell you.

Keeping You Informed: We make every effort to keep you informed regarding the status of your case. You will receive copies of all documents prepared or received by us. If at any time you have questions or concerns, please call.

Your Responsibilities: We expect you to be cooperative and truthful. If you are not, we cannot continue to represent you. We also ask that you treat the attorneys and our staff with respect. Please notify us immediately of any change in address or telephone number or if you learn anything that may affect your case. Please return any phone calls made to you promptly and if you are going to be away for more than a few days, please let us know.

Case Coverage: The attorneys in this firm work closely together to provide the best possible legal representation for you. Your primary attorney may not always be available. Please be assured that whichever attorney is covering your case, that attorney will be prepared to handle the matter. We know that individuals sometimes develop preferences for a particular attorney. If you find that you prefer one attorney, please feel free to ask to switch your primary attorney. No one in this office will be offended.

Legal History

Have you been served with any legal papers? _____ If so, when? _____
Have you filed any papers with the court? _____ If so, when? _____

Have you entered into any agreements (written or verbal) as to child or spousal support, custody, parenting time, or property division? _____ If so, please describe.

Have there ever been any other court cases regarding the children? (Custody, juvenile dependency or delinquency, child support, restraining orders, etc.) _____ If so, describe.

Provide copies of all paperwork filed with a court and written agreements.

General Information About You

***Required fields to be completed prior to returning questionnaire to The Reynolds Law Firm.**

Your full legal name:* _____

Preferred name: _____

Other names you use or have used:* _____

Address: _____

What county and state do you live in? _____

Phone numbers:* _____
(Home, Work, Cell, Msg #)

Social Security Number:* _____

ID or Driver's License Number:* _____

Birth date:* _____ Age: _____

How long have you lived in this county? _____

How long have you lived in this state? _____



Do you have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations)?

Are there any criminal charges pending against you? If yes, explain. _____

Have you ever used or sold illegal drugs? _____. If so, list when and what type.

Please describe your use of alcohol.

General Information About The Other Parent

Other parent's full name:* _____

Other names s/he use or have used: _____

Address:* _____

What county and state does s/he live in? _____

Phone numbers: _____
(Home, Work, Cell, Msg #)

Social Security Number:* _____

ID or Driver's License Number:* _____

Birth date:* _____ Age: _____

How long has s/he lived in this county? _____

How long has s/he lived in this state? _____

Does s/he have close ties (friends or family) to another state or country? If so, where:

Does s/he have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations).

Are there any criminal charges pending against him/her? If yes, explain.

Has s/he ever used or sold illegal drugs? _____. If so, list when and what type.

Please describe his/her use of alcohol: _____

Relationship Information

Have you ever lived together? _____ Do you currently live together? _____

Who moved out and when? _____

Have either of you ever started legal proceedings before against the other? _____

Who filed ? _____ When? _____ What was filed? _____

Were attorneys involved? _____ If so, who? _____

What happened to the case? _____

Did you see a marriage counselor together or separately? _____

Who? _____

Are you seeing any other kind of counselor? _____ Who? _____

Do your children have counselors? _____ Who? _____

Has there been any violence in your relationship? _____

Has your spouse ever hit, pushed, slapped, or otherwise caused you physical harm, pulled your hair, or bit you? _____

Has your spouse ever threatened to harm you or your children? _____

Have you ever been scared of your spouse? _____

Are you concerned for your physical safety or the safety of your children? _____

Have the police ever been called (whether or not a police report was filed or you pressed charges) or have you had any contact with police in regards to a domestic violence situation?

If so, list agency and dates. _____

Are you aware of any police reports regarding domestic violence? _____

Have you or the other party ever tried to get a restraining order? _____

If so, list when and where. _____

Do you or the other parent currently have a restraining order? _____ If so, who obtained it, when and where? _____

Provide copies of all criminal records/reports and restraining orders.

Do you have any concerns that your children have been or are at risk of being abused?

If so, explain. _____

Information About the Children

Please list all of your children and the children of the other parent of the child(ren) at issue:

| <u>Full Legal Name:*</u> | <u>DOB:*</u> | <u>Age:*</u> | <u>Parent 1:*</u> | <u>Parent 2:*</u> | <u>SS#:*</u> |
|--------------------------|--------------|--------------|-------------------|-------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Where and with whom are the children living now? _____

How long have they been there? _____

Are you seeking custody? _____

What kind of parenting plan are you seeking? _____

Besides you and the other parent, are there any other people who have had physical custody of the children or who claim to have custody, parenting time, visitation, or other rights to the children, including grandparents, foster parents, step-parents, etc. _____

If so, please list names and addresses and explain relationship and claim.

Have you, the other parent, or any listed child been involved with the Department of Human Services Child Welfare (DHSCW), formerly Services for Children and Families (SCF) or Child Services Division (CSD). _____

If so, explain. _____

Are there any holidays or special events for which it is particularly important that the children be with you?

Do the children have passports? _____. If so, list date of issuance and country.

List all the counties the children have lived in during the past five years and who (adults) were living with them. There should be a different line for each time the child moved to a different county or the adults living in the home changed.

| County Child Was Living In | Beginning When? | Ending When? | Adults Living in Home |
|----------------------------|-----------------|--------------|-----------------------|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

List all current addresses for adults listed under “With Whom” section above.

Medical Status

Do you have any medical conditions? _____ If so, list. _____

Describe your current health. _____

Are you now or have you ever been under treatment for any mental health issues?

Does the other parent have any medical conditions? _____ If so, list. _____

Describe his/her current health. _____

Is or has the other parent ever been treated for a mental health condition? _____

If so, explain. _____

Medical & Life Insurance

If you or you're the other parent have medical, vision, or dental insurance, for the child, please complete the following section and provide us with copies or the cards for all insurance policies.

Name of company: _____

Type of Insurance: _____

If issued through employment, list name and address of employer:

Policy number _____ Group number _____

Date policy issued _____ Individual subscriber number _____

Premium amount \$ _____ Amount for child? _____

Name of company: _____ Type of Insurance: _____

If issued through employment, list name and address of employer:



Policy number _____ Group number _____

Date policy issued _____ Individual subscriber number _____

Premium amount \$ _____ Amount for child \$ _____

If you have other insurance policies, use an additional sheet of paper to provide the above information.

Statement of Income

| Gross monthly income from: | You | Other Party |
|--|-----|-------------|
| Salary and wages, include commissions, allowances, overtime (to arrive at monthly income figure weekly income by multiplying by 4.3 and bi-weekly income by 2.15) | | |
| Pensions and Retirement | | |
| Social Security | | |
| Disability and Unemployment | | |
| Public Assistance (welfare, TANF) | | |
| Child support from someone other than current spouse | | |
| Dividends and interest | | |
| Rents | | |
| Bonuses (annual, semi-annual, quarterly, averaged per month) | | |
| All other sources (list source): | | |
| TOTAL: | | |

Total Gross Monthly Income

| Itemize monthly deductions from gross income: | You | Other Party |
|---|-----|-------------|
| Number of exemptions claimed | | |
| State income taxes | | |
| Federal income taxes | | |
| Social security | | |
| Medical or other insurance | | |
| Union or other dues | | |
| Retirement or pension fund | | |
| Savings plan | | |
| Credit union | | |
| Income assignment paid to | | |
| TOTAL: | | |

Statement of Expenses

| | You | Other Party |
|--|-----|-------------|
| Rent or mortgage | | |
| Real property taxes | | |
| Medical and drug expenses not covered by insurance | | |
| Household repair and maintenance | | |
| Food | | |
| Household supplies | | |
| Electricity | | |
| Heat | | |
| Water | | |
| Telephone | | |
| Laundry and cleaning | | |
| Clothing and shoes (include kids') | | |
| Dental expenses not covered by insurance insurance premiums (not deducted from payroll) | | |
| Child support payments (other than to spouse) school tuition | | |
| Entertainment | | |
| Incidentals | | |
| Transportation (other than auto) | | |
| Auto expenses (gas, oil, repairs, parking) pet expenses | | |
| Payments for dependants not living at home (and not already listed) | | |
| Child care | | |
| Hobbies | | |
| TOTAL: | | |

Additional Data

- If there is any additional information we should be aware of not referred to above or contained in your answers, please check the box and provide the details on the back on this page.

List of Witnesses

Provide us with a list of anyone with information that could help or hurt your case, whether or not you think they will be able to testify or talk with us. This includes:

- People who have seen you parent your children
- People who have seen the other parent take care of the children
- Witnesses to abuse or the injuries or emotional state after the abuse
- Medical providers, counselors, therapists
- Day care providers, teachers, or others who interact directly with the children
- Family members

| Name of Witness | Phone Number | Type of Information S/he May Have |
|-----------------|--------------|-----------------------------------|
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The information in this questionnaire is true and correct. If I find errors later, I agree to immediately let The Reynolds Law Firm know.

Client Signature

Date



Focused on what is important to you.

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