

Date of Conference _____

CUSTODY PRELIMINARY QUESTIONNAIRE

YOUR GENERAL INFORMATION

Your Full Legal Name: _____

Address: _____

Where do you want mail delivered? _____

What county do you live in? _____

Home Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Date of Birth: _____

SSN: _____ State of Birth: _____

Maiden Name: _____

Drivers License No. : _____

Have you been a resident of Iowa for at least one year? Yes ___ No ___

Name of Your Employer: _____

Address: _____

Phone: _____

Your present position: _____ How long? _____

Current Gross Salary or Hourly Rate: _____

How often paid? (Circle which one applies.) Yearly, Monthly, Biweekly, Weekly

Do you pay union dues? Yes ___ No ___ Amt: _____

Hours of employment: _____

If in current job less than 3 years, list prior jobs for past 3 yrs:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Does paternity need to be established or disestablished regarding any of the children? If so, list the child's name, whether paternity needs to be established or disestablished, and the name(s) of the other adult(s) involved:

OPPOSING PARTY'S GENERAL INFORMATION:

Opposing Party Full Legal Name: _____

Address: _____

Opposing Party's Attorney (if known): _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ SSN: _____

Date of Birth: _____ State of Birth: _____

Maiden Name: _____ Drivers License No. : _____

Have they been a resident of Iowa for at least one year? Yes___ No___

Name of opposing party's employer: _____

Address: _____

Phone: _____

Present position: _____ How long? _____

Current Gross Salary or Hourly Rate (if known): _____

(Circle which one applies.) Paid Yearly, Monthly, Biweekly, Weekly

Does the opposing party pay union dues? Yes ___ No ___ Amt: _____

Hours of employment: _____

If in current job less than 3 years, list prior job for past three years:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Will opposing party come in to pick up papers? Yes ___ No ___

If no, where can we serve papers on him/her? _____

When did you and the opposing party reside together? _____

CHILDREN

Full names, birth dates and Social Security Numbers of children born between the parties

NAME	DOB	AGE	SSN

Is there a current child support order for these children? ___ yes ___ no

What is the Child support recovery unit case number? _____

Amount of support received/ordered _____

Who carries health insurance on the children? _____

Amount paid per month for health insurance: _____

Full names, birth dates, and Social Security Numbers of children born of **previous** marriages, relationships, or adopted :

NAME	DOB	SSN	BORN TO	CHILD SUPPORT AMOUNT
			you ____ OP ____	received _____ paid _____
			you ____ OP ____	received _____ paid _____
			you ____ OP ____	received _____ paid _____

How are children currently being shared? _____

What is the schedule? _____

How do the transportation arrangements work? _____

What is the proposed schedule for the child(ren)'s birthday: _____

What is the proposed schedule for summertime visitation? _____

Who is going to take the tax deductions for the child(ren): _____

What type of visitation would you **like** on holidays? Below is a list of usual holidays:

<i>HOLIDAY</i>	<i>TIME</i>	<i>ODD</i>	<i>EVEN</i>
New Year's Day			
Easter			
Memorial Day			
July 4			
Labor Day			
Thanksgiving			
Christmas Eve			
Christmas Day			
Spring Break			
OTHER			

DOMESTIC ABUSE

Has there been domestic violence at any time during your relationship? Physical? Emotional?

Both? Please describe: _____

HEALTH INFORMATION

Any exceptional health or mental health needs of any of the parties? If so, explain?

SELF _____

OPPOSING PARTY _____

Any exceptional health or mental health need of any of the children? If so, what? _____

EDUCATION

YOUR EDUCATION

High School: Did you receive a diploma? _____ If so, what year? _____

College: Did you receive a degree? _____ If so, what course of study was it for? _____

Did you attend college during this relationship or marriage? _____ If so, list dates and where attended:

Special Training (Explain): _____

OPPOSING PARTY'S EDUCATION

High School: Did he/she receive a diploma? _____ If so, what year? _____

College: Did he/she receive a degree? _____

If so, what course of study was it for? _____

Other issues you want to discuss?
