

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: \_\_\_\_\_

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? \_\_\_\_\_

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How do the transportation arrangements work? \_\_\_\_\_

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

What is the proposed schedule for summertime visitation? \_\_\_\_\_

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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?

\_\_\_\_\_

\_\_\_\_\_