CUSTODY QUESTIONNAIRE

Date: _____
Referred By: _____

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

Social Security Number Privacy Policy

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary, in limited use during the course of your case.

_____ Date: _____
Signature

Custody Definitions:

- ✓ Physical Custody: physical possession and control of a child
  - Shared physical custody: parents have an equal right to significant periods of physical custody
  - Primary physical custody: one parent has physical custody for a majority of the time
  - Partial physical custody: one parent has physical custody for less than the majority of the time
  - Sole physical custody: one parent has exclusive physical custody
- ✓ Legal Custody: right to make major life decisions for a child
  - Shared legal custody: both parents have the right to legal custody
  - Sole legal custody: only one parent has legal custody

Client	Opposing Party
Name:	**Name:**
_____	_____
First Last Maiden	First Last Maiden
Address: _____	**Address:** _____
_____	_____
Telephone: _____	**Telephone:** _____
Email: _____	**Email:** _____
DOB: _____	**DOB**: _____
Social Security No. _____	**Social Security No.** _____
Armed Forces Status: _____	**Armed Forces Status:** _____
	Status:

Status:

_____ Never Married

_____ Divorced: Date: _____

_____ Widowed: Date: _____

Veteran _____ Widow of Veteran? _____

Education/Training:

- ☐ High School
- ☐ GED
- ☐ Trade School
- ☐ College
- ☐ Graduate

Preferred Method of Contact:

_____ Mail _____ Email _____ Text

_____ Never Married

_____ Divorced: Date: _____

_____ Widowed: Date: _____

Veteran _____ Widow of Veteran? _____

Education/Training:

- ☐ High School
- ☐ GED
- ☐ Trade School
- ☐ College
- ☐ Graduate

Are they represented by counsel? ☐ Yes ☐ No

If yes, please provide the name:

_____

Employment & Income

Client

Employer: _____

Address: _____

_____

Gross Salary: _____

Net Salary: _____ annual / monthly / weekly

Opposing Party

Employer: _____

Address: _____

_____

Gross Salary: _____

Net Salary: _____ annual / monthly / weekly

Children <u>with</u> Opposing Party

Child 1

Full Legal Name: _____ Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

Child 2

Full Legal Name: _____ Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

Child 3

Full Legal Name: _____ Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

Other Children You Support

Child 1

Full Legal Name: _____

Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

Child 2

Full Legal Name: _____

Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

Child 3

Full Legal Name: _____

Date of Birth: _____

Special Needs: ___ Medical ___ Educational ___ Financial

****** if additional children, please let us know so that we can provide you another sheet***

Former Addresses of the Children for the past five (5) years

Address: _____ _____	**Duration:** _____
Address: _____ _____	**Duration:** _____
Address: _____ _____	**Duration:** _____

Issues to Address

1. **Has the opposing party filed a Petition/Motion?** □ Yes □ No
   a. **If yes, what is the court date?** _____
   b. **What county (if not Allegheny)?** _____
2. **Has the opposing party shown a willingness to agree, communicate, and cooperate in matters relating to the children?** □ Yes □ No
3. **Were you ever married to the opposing party?** □ Yes □ No
   a. **If yes, what was the date of divorce?** _____
4. **Is there a current custody order in place?** □ Yes □ No

a. **If yes, what is the docket number?** _____

5. **Has paternity been established?** □ Yes □ No
6. **Is there a current support order in place?** ☐ Yes ☐ No
   a. **If yes, what is the PACSES No.?** _____
7. **Is child support currently being paid?** ☐ Yes ☐ No
   a. **If yes, by whom?** _____
   b. **Child Support/month:** _____
   c. **Behind in Child Support (arrears):** _____
8. **Who carries medical/dental insurance on the child(ren)?** _____
   a. **If yes, how much/month?** _____
9. **Are there childcare expenses?** ☐ Yes ☐ No
   a. **If yes, how much/month?** _____
   b. **Who pays?** _____
10. **Do you want the opposing party to have shared legal custody?** ☐ Yes ☐ No
11. **Is the opposing party able to meet the needs of the child(ren)?** ☐ Yes ☐ No
12. **What do you want the visitation schedule to look like?**
    a. 50/50
       - ☐ Every Other Week
       - ☐ Every Other Weekend
       - ☐ 5-2-2-5 = Monday & Tuesday with Parent 1; Wednesday & Thursday with Parent 2; Alternate Friday, Saturday & Sunday
       - ☐ 3-4-4-3 = Three days with Parent 1; 4 days with Parent 2; 4 days with Parent 1; 3 days with Parent 2

    b. 60/40
       - ☐ 4-3 = 4 days with Parent 1; 3 days with Parent 2
       - ☐ Every extended weekend = weekdays with Parent 1; long weekend with Parent 2
       - ☐ Every weekend with 3rd party time (i.e. school/daycare)

    c. 70/30
       - ☐ Every weekend
       - ☐ 5-2 = 5 days with Parent 1; 2 days with Parent 2
       - ☐ Every 3rd week

☐ Every 3rd day

☐ Alternating weekends with 3rd party time (i.e. school/daycare)

d. 80/20

☐ 1st, 3rd, & 5th Weekends

☐ 2nd, 4th & 5th Weekends

☐ Every 3rd Weekend

e. Other

13. **Where do you want Drop off and Pick up to be (ex. Police station, Homes, other 3rd party, etc.)?**

_____

14. **Will the summer schedule look different than the school year schedule?** ☐ Yes ☐ No

a. **If yes, how?** _____

15. Holidays:

Typically, the Court will assign Holidays on an even/odd year schedule. For example, Mother gets all odd years (i.e. 2023, 2025, 2027, etc.) and Father gets all even years (i.e. 2024, 2026, 2028, etc.) of a particular holiday.

a. Other special holidays you wish to have in the agreement (i.e. religious holidays, birthdays?)_ _____

16. **When there are temporary changes to the parenting schedule, how long would you like to receive notice?**

No later than: □ 12 hours □ 24 hours

a. **How?** ☐ text message ☐ email ☐ verbal ☐ OFW/other App

OFFICE USE ONLY

Client ID Obtained? ☐

Phone Call Policy? ☐

Credit Card Authorization? ☐

OFW brochure ☐

FEE ARRANGEMENT

$_____ Retainer No. of Hours Covered by Retainer _____
$_____ Hourly