

CUSTODY QUESTIONNAIRE

Date: _____

Your Information:

Name	
Address	County
Phone	
Cell phone	
E-mail address	
Social Security Number	
Driver's License Number	
Date of Birth	
Place of Birth	
Eye color	
Hair color	
Height	
Weight	
Race	
Scars, tattoos, etc.	
Education	
AFDC recipient identification if you have applied for public assistance	

Opposing Parties Information:

Name	
Address	County
Phone	
Cell phone	
E-mail address	
Social Security Number	
Driver's License Number	
Date of Birth	
Place of Birth	
Eye color	
Hair color	
Height	
Weight	
Race	
Scars, tattoos, etc.	
Education	
AFDC recipient identification if you have applied for public assistance	

Your Personal Habits:

Church name
Smoke
Alcohol
Drugs
Criminal Record

Opposing Parties Personal Habits:

Church name
Smoke
Alcohol
Drugs
Criminal Record

CUSTODY QUESTIONNAIRE

Your Employment:

Occupation
Employer
Employer's address
Work phone
Start date
hours per week
Start time: Stop time:
Hourly pay
Gross weekly income
Medical Benefits
Retirement benefits and value

Opposing Parties Employment:

Occupation
Employer
Employer's address
Work phone
Start date
hours per week
Start time: Stop time:
Hourly pay
Gross weekly income
Medical Benefits
Retirement benefits and value

Your prior employment:

Former employer
Address
Dates employed
Retirement benefit & value
Plan administrator
Address
Contact person
phone #

Opposing Parties prior employment:

Former employer
Address
Dates employed
Retirement benefit & value
Plan administrator
Address
Contact person
phone #

