

IMPORTANT: please follow the steps listed below

1. Save a copy of this file to your computer's hard drive.
2. Complete the form.
3. Print a copy of the completed form for your records.
4. Click on the "Submit Electronically" Button located at the bottom of this form.

WARD LAW OFFICES LLC



Custody | Parenting Time Questionnaire

OUR CLIENT

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (country or state): _____

Please mark preferred phone number below.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Email: _____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

INCOME INFORMATION

Income: \$ _____ Monthly Gross Wages: \$ _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

Pay Check Stub Attached: Yes No

Tax Return Copy Provided: Yes No

Withholdings: Single Married

of Dependents Claimed: _____

Federal Withholding: \$ _____ State Withholding: \$ _____ FICA: \$ _____ Health Insurance: \$ _____

Life Insurance: \$ _____ Other Deductions: \$ _____

Net Monthly Take-Home Amount: \$ _____ Paid: Weekly Bi-Weekly Monthly Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): _____

- CONTINUED ON NEXT PAGE -

Custody | Parenting Time Questionnaire

OPPOSING PARTY

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (county or state): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

INCOME INFORMATION

Income: \$ _____ Monthly Gross Wages: \$ _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

Pay Check Stub Attached: Yes No

Tax Return Copy Provided: Yes No

Withholdings: Single Married

of Dependents Claimed: _____

Federal Withholding: \$ _____ State Withholding: \$ _____ FICA: \$ _____ Health Insurance: \$ _____

Life Insurance: \$ _____ Other Deductions: \$ _____

Net Monthly Take-Home Amount: \$ _____ Paid: Weekly Bi-Weekly Monthly Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): _____

- CONTINUED ON NEXT PAGE -

Custody | Parenting Time Questionnaire

CHILDREN

Number of children born alive: _____

Child's Name	Date of Birth	Social Security Number	Age	Still Living at Home	Are they of Native American Heritage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Present address of children of this marriage:

Address: _____ City: _____ State: _____ Zip: _____

Name(s) & address(es) of person(s) with whom children have lived for the past six (6) months:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

City(ies) and State(s) where children have lived for the past five years:

City: _____ State: _____ City: _____ State: _____ City: _____ State: _____

Has there be litigation concerning custody of the children? Yes No

Where (City and State): _____ Case No. _____

Caption of Case: _____ Status: _____

Is there anyone else (other than other parent) who has or claims to have a right to physical custody of or visitaiton rights with the children?

Yes No If yes, please provide their name(s): _____

Names and Dates of Birth or minor children NOT born to this marriage:

Child's Name	Date of Birth	Who Does Child Live With?		
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex

Custody | Parenting Time Questionnaire

CHILDREN - CONTINUED

Pre-existing child support obligations paid:

Case Name: _____ Case Number: _____ County and State: _____

Amount of obligation: \$ _____ per _____ Name of Paying Party: _____

PARENTING TIME

Who is to have primary residency? _____

How will parenting time be set out in the temporary order? Shared Parenting Time Specific Parenting Time Reasonable Parenting Time

WORK-REALTED CHILD CARE COSTS

Paid by: _____ Amount paid: \$ _____ per _____

Providers Name: _____ Providers Address: _____

Have all of your income tax returns for all previous years been filed? Yes No

If not, which years have not been filed? _____

Have all income taxes been paid in full? Yes No

If not, please list the year, the unpaid amount, and the entity owed:

Year	Unpaid Amount	Entity Owed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

INSTALLMENT DEBTS AND OBLIGATIONS

Creditor	Monthly Payments	Balance	Date of Last Payment	Who will assume
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Custody | Parenting Time Questionnaire

NECESSARY MONTHLY EXPENSES OF EACH PARTY | Note: review your last six (6) months of expenses to ensure that you have included all of them.

	Client	Other Party
Rent	\$	\$
Food	\$	\$
Utilities:	\$	\$
Trash Service	\$	\$
Newspaper	\$	\$
Telephone	\$	\$
Water	\$	\$
Gas/Electric	\$	\$
Other	\$	\$
Insurance: Life	\$	\$
Insurance: Health	\$	\$
Insurance: Car	\$	\$
Insurance: House/Rental	\$	\$
Insurance: Other	\$	\$
Insurance: Medical	\$	\$
Insurance: Dental	\$	\$
Prescription Drugs	\$	\$
Medical and Dental other than insurance (co-pays, etc.)	\$	\$
Child Care (work related)	\$	\$
Child Care (non-work related)	\$	\$
Clothing	\$	\$
School Expense	\$	\$
Haircuts and Beauty	\$	\$
Car Repair	\$	\$
Gas and Oil	\$	\$

	Client	Other Party
Personal Property Tax (on vehicles)	\$	\$
Miscellaneous (please specify):	\$	\$
Entertainment	\$	\$
House Maintenance	\$	\$
Cell Phone	\$	\$
Cable	\$	\$
Gifts	\$	\$
Tithes/Offerings/Charities	\$	\$
Security System	\$	\$
Lawn Care	\$	\$
Dry Cleaning Fees	\$	\$
Membership Fees	\$	\$
Sports Activities	\$	\$
House Cleaning	\$	\$
Subscriptions	\$	\$
Parking Fees	\$	\$
Property Tax on House	\$	\$
Lessons	\$	\$
Camps	\$	\$
Car Expense for Minor Children	\$	\$
Other (be specific)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

HEALTH INSURANCE COVERAGE

Which party pays health insurance: _____ Coverage Type: Medical Dental Vision Drug

Name of Insurance Company: _____

Address of Insurance Company: _____

Name(s) of all individuals covered by policy: _____

How much does the parent pay for family coverage? \$ _____ per _____

How much would it cost the parent for the parent only? \$ _____ per _____

Have you or the other party signed up for the Affordable Care Act (ACA) exchange? Yes No

Have you:

1. Saved a copy of this file on your computer's hard drive?
2. Printed a copy for your records?
3. If so, you may submit electronically by:
 - a. using the button to the right
 - b. or emailing your attorney the completed form

**Click HERE
To Submit Electronically**