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CUSTODY, PARENTING TIME AND CHILD SUPPORT QUESTIONNAIRE

Date _____

Client

Other Party

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Address _____

Address _____

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

E-mail address _____

E-mail address _____

Fax _____

Fax _____

Best way to contact you? _____

Social Security no. _____

Social Security no. _____

Drivers License # _____
State _____

Drivers License # _____
State _____

Occupational License # _____

Occupational License # _____

Armed Forces status _____

Armed Forces status _____

Close family/friend we may contact if
we are unable to reach you directly:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

EDUCATION

Client

Other Party

Highest degree obtained _____

Highest degree obtained _____

Univ./College _____

Univ./College _____

Date obtained _____

Date obtained _____

High School _____

High School _____

Year of Graduation _____

Year of Graduation _____

GED date? _____

GED date? _____

Additional training/skills?

Additional training/skills?

Is either party currently enrolled in school?

____ Yes Describe. _____

____ No

EMPLOYMENT

Client

Other Party

Employer _____

Employer _____

Address _____

Address _____

Date of hire _____	Date of hire _____
Occupation _____	Occupation _____
Weekly gross pay _____	Weekly gross pay _____
Weekly take home _____	Weekly take home _____
Avg. hours per week? _____	Avg. hours per week? _____
Hourly pay rate _____	Hourly pay rate _____
Pension? _____	Pension? _____
Early retirement benefits? _____	Early retirement benefits? _____
Signing bonus or any special payment _____	Signing bonus or any special payment _____
Profit-sharing? _____	Profit-sharing? _____
Recognition or other awards _____	Recognition or other awards _____
Gross Income last year _____	Gross Income last year _____
Projected Gross Income this year _____	Projected Gross Income this year _____
What days/hours do you work? _____	What days/hours does other party work? _____

Please attach a copy of your last six pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
2. Type (wage/dividend) _____

Gross per year _____ In whose name _____
 3. Type (wage/dividend) _____
 Gross per year _____ In whose name _____

CHILDREN

1. Name _____ Birth date _____ Age _____
 Living with _____ Client _____ Spouse Social Security no. _____
 School _____ Grade _____
2. Name _____ Birth date _____ Age _____
 Living with _____ Client _____ Spouse Social Security no. _____
 School _____ Grade _____
3. Name _____ Birth date _____ Age _____
 Living with _____ Client _____ Spouse Social Security no. _____
 School _____ Grade _____

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of health care insurance provider for children _____
 Policy, group, or contract number _____
 Paid by whom? _____

Does yours / other party's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

Child care
 _____ Yes How many weeks per year? _____
 How many days per week? _____
 Paid by whom? _____
 Cost per week: During school _____ Summer _____
 _____ No

Are you *paying* or *receiving* support for other children (circle one)?

____ Yes How much per week? \$ _____ No. of children _____

____ No

Is your spouse *paying* or *receiving* support for other children (circle one)?

____ Yes How much per week? \$ _____ No. of children _____

Provide copies of the court support orders.

____ No

Does either party have children from a prior relationship?

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

CUSTODY AND SUPPORT

How are the best interests of the children served regarding custody? (Who should have custody and why?)

Please describe parenting time schedule that is in the best interest of the children?

How is your relationship with the other party? _____

If you and the other party have agreed on custody, describe.

Do you know of anyone else who claims parenting time rights with your children?

_____ Yes State the person's name, address, and relationship.

_____ No

Do your child(ren) have a preference as to who s/he lives with?

Has support been paid since separation?

_____ Yes How much per week? \$ _____

_____ No Directly? _____ Through Income Withholding? _____

Are there any child support arrearages that exist? If so, how much? _____

If you and the other party have agreed on child support, how much per week?

\$ _____

Are you currently married? _____ Is the other party currently married? _____

How many exemptions do you claim on your annual income taxes? _____

How many exemptions does the other party claim on his or her annual income taxes? _____

PRIOR LITIGATION

Were you previously married to the other party?

_____ Yes Indicate when your Judgment of Divorce was entered, case number, and name of the judge.

_____ No *****Please attach a copy of the Judgment of Divorce.*****

Since your Judgment of Divorce was entered, has there been any other Orders or modifications of your Judgment of Divorce?

_____ Yes Indicate when and what modifications.

_____ No *****Please attach a copy of any additional Orders or Modifications.*****

Is there presently on file a case where one of the parties is currently paying support for another child that is not at issue in this case?

_____ Yes Indicate when and where filed, status of case, case number, and name of judge. _____

_____ No

_____ Yes Does your current custody/parenting time/child support situation accurately reflect the most recent court order? If not, what are the parties actually doing? _____

_____ No

FAMILY HEALTH AND SOCIAL ISSUES

Do you, the other party, or your children have:

any serious physical or mental disability, disorder, handicap or incurable disease?

_____ Yes Please explain.

_____ No

any problems with substance abuse (drugs, alcohol)?

_____ Yes What type of drugs? _____
What treatment and by whom? _____
When? _____
Place of treatment _____

_____ No

Are you or the other party or your children currently taking any medications?

Have you or the other party or your children been diagnosed with depression, anxiety, etc. or any other health conditions? _____

Are you, the other party or your children currently in any form of therapy or counseling? _____

Do you have any concerns about your own or your children's emotional and/or physical safety while in the presence of your spouse? _____

Are you or your spouse receiving any state aid?

____ Yes Caseworker _____ Case no. _____
____ No

**PERSONAL PROTECTION ORDER
MATTERS (PPO)**

Have the police ever become involved in any disputes between yourself and the other party or your children? _____

Has either party ever been arrested, convicted, imprisoned, or placed on probation?

____ Yes Explain. _____
____ No _____

Physical Description of Client:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses _____ Yes Worn all the time? _____ Yes _____ No

____ No

Mustache/beard

____ Yes Color _____

____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Physical Description of Other Party:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Is carrying a weapon a condition of his/her employment?

_____ Yes

_____ No

RELIEF TO BE REQUESTED

_____ Custody of children _____

_____ Parenting time rights _____

_____ Child support payments _____

_____ Contribution to your attorney fees _____

_____ Procurement of \$ _____ in life insurance to secure child support

_____ Domestic abuse injunction

_____ Health insurance for children _____

_____ Other _____

_____ Attorney fee arrangement _____

The items checked below are needed to complete your custody/parenting time/child support file. Please collect the items that have been checked and bring in copies or originals as soon as possible.

Items needed

Date provided

_____ Tax returns with schedules and W-2s last two years _____

_____ Paycheck stubs last two months _____

_____ You

_____ Other party (if available)

_____ Income property _____

_____ Health Insurance Information

_____ Judgment of Divorce

_____ Post Judgment Orders
