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CUSTODY/PARENTING TIME QUESTIONNAIRE

The following information is required for your custody dispute. It is absolutely necessary that you answer all of the questions on the following pages so we can answer your questions and handle your case in a prompt and efficient manner. If you need additional space for an answer, you may use the back of a page. If any of the questions do not relate to your situation please mark "N/A" (not applicable) and move to the next question. The completed questionnaire will be kept confidential and will remain in our possession.

Name: _____ **Other Parent** _____

Address: _____

Tel: (Home) _____ **(Work)** _____

(Cell/Pgr) _____ **(Fax)** _____

D.O.B. _____ **Place of Birth** _____

Please list the names and dates of birth of all your children:

1) _____

2) _____

3) _____

4) _____

Please describe each child for me:

Was each child's birth planned: _____ Y _____ N

If not, please describe the circumstances: _____

Please describe any significant problems involved in the pregnancy/pregnancies:

Please describe what you like "best" about each child:

Please describe what you like "least" about each child:

What activities do you enjoy most with each of your children:

Please describe the relationship(s) between your children:

Are there any relatives, family friends, or other adults that any of your children particularly like or are attached to? Please describe:

Describe any “social” events you have planned for your children:

Describe any organized groups or activities that your children are currently involved in. How have you participated:

Please describe the activities your children have been involved in the past. How did you participate:

Please indicate for which activities you enrolled each child:

Please describe how you and the other parent decided on which activities to enroll each child in:

Are there any future activities you would like to enroll your child(ren) in:

Please describe each parent's involvement -- now and in the past -- in the following:

Selecting child care_____

Transportation to and from child care_____

Making and attending medical appointments_____

Transportation to medical appointments_____

Making and attending dental appointments_____

Transportation to dental appointments_____

Setting up school conferences_____

Attending school conferences _____

Attending performances and other activities at school _____

Volunteering at school _____

Arranging play dates _____

Planning birthday parties _____

Attendance at religious events _____

Bathing the child(ren) _____

Putting the child(ren) to bed at night _____

Getting the child(ren) up and ready in the morning_____

Please describe any bedtime routine you currently have with your child(ren):

What is each child's current time to get ready for bed and lights out:

What is each child's current wake up time and morning routine:

Please describe the current arrangements for before and after school care for each child:

➤ Please attach a list of all child care providers (for children who are 10 and under).

Please describe your proposal for future summer care of each child:

Describe each child's adjustment or attachment to:

Home: _____

School: _____

Community: _____

Please describe each child's physical health – past and current:

➤ Please attach a list of names, addresses, and phone and fax numbers of all medical and dental care providers for your children.

Is your child taking any medication: ____Y____N

Please describe: _____

Please describe any social or emotional problems each child has had:

Has your child received any services from a mental health professional: ___Y___N

Please describe: _____

▶▶ Please attach a list of names, addresses and phone and fax numbers for all mental health providers for your children.

Please list all of the schools each child has attended:

Please describe each child's academic performance:

Which subject is easiest for each of your children? Which is the most difficult:

Please describe any special services your children have received at school:

▶▶ Please attach a copy of your child(ren)'s most recent report card(s)

Most parents have problems in raising children. What problems have you had with your children:

What things do you find that you most often have to punish your children for doing:

Some parents find that on occasion they have to spank their children. How has that been for you? How often do you find yourself having to spank your children?

When was the last time and for what reason(s) did you spank each child:

How have you handled your child(ren)'s temper tantrums:

Please describe any differences between you and the other parent in disciplining your child(ren): _____

How often and for what reasons has each child slept with you:

How often and for what reasons has your (ex)spouse slept with the child(ren):

How often and for what reasons have you bathed with your child(ren):

How often and for what reasons has the other parent bathed with the child(ren):

Have you ever had any concerns that someone was sexually inappropriate with your child(ren): ____ Y ____ N

How have you handled your child(ren)'s curiosity about bodies and sexuality:

How has the other parent handled this: _____

How have you handled bickering and fighting between your children:

How did you “learn to parent”?

Please describe your strengths as a parent: _____

Please describe the other parent’s strengths as a parent: _____

Please describe your weaknesses as a parent: _____

Please describe the other parent’s weaknesses as a parent: _____

In the course of parenting your children, what do you consider to be the best things you’ve done for them:

In the course of parenting your children, what do you consider to be the worst mistakes you've made:

Please describe any changes you want to make in your parenting:

Date and Place of Marriage: _____

Date of Separation: _____

Previous Separation(s): _____

Date and Place of Divorce (if Post-Decree) _____

Previous Marriages: _____

Please describe how you told your child(ren) about the divorce and any conversations you have had since then:

Please describe any measures you have taken to learn about the impact of divorce on children:

Describe the current parenting schedule:

Has there been another parenting schedule you have followed since the separation? Please describe:

Amount of Child Support: _____ **Who Pays:** _____

Are there any arrears? _____ **Please explain:** _____

What do you believe child support covers?

How do you propose to handle the child (ren)'s expenses that are not covered by child support?

Any Other Person(s) Living in Household:

Describe the major cause of the separation and/or marriage dissolution (as applicable):

If you have remarried or if you currently have a significant other in your life, please give that person's name, date of birth, address and place of employment:

Please describe how you met: _____

Please describe when and how you introduced him/her to your child(ren):

Please list the names and ages of all children of the other parent: _____

If you are not currently in a relationship, please describe when and how you plan to introduce someone you are dating to your children:

Your Current Employer: _____

Address: _____

Job Description: _____

Income: _____

Please describe your current work schedule, including the time you leave in the morning and get home at night:

Please describe any prior work schedules that differed from the above:

Please list your schooling and educational attainment, including specialized training (name of institution, degree or certification, year received):

▶▶ Please attach a list with all past employment for the last 10 years: name of employer, dates of employment, job description and reason for termination.

Did you ever receive any special education services: _____ Yes _____ No

Please describe your special education issues: _____

Please describe your current physical health and any significant problems you have had:

▶▶ Please attach a list with the names, address and phone and fax numbers of your current doctor(s) and any you have consulted in the last three years.

Please describe any concerns you have about the other parent's physical health:

- ▶ **If you have ever been hospitalized as an adult (other than for childbirth), please attach a description of the condition(s), name and location of the hospital(s), date(s), and name and phone and fax numbers of the treating physician(s).**

Have you ever received any counseling or psychotherapy: _____ Yes _____ No

- ▶ **Please attach a list with the names, addresses, phone and fax numbers and approximate dates of service for all mental health providers.**

Please describe the issues you have addressed or are addressing in therapy:

Has the other parent had any mental health issues I should know about? Please describe:

Has the other parent ever received any counseling or psychotherapy: _____ Yes _____ No

Please describe what you know about these services:

Please describe your current use of alcohol:

Have you ever drunk to excess? Please describe:

Please describe your current use of prescription medication:

Please describe any problems you have had with the use of prescription or non-prescription drugs:

Do you have any concerns about the other parent's use of alcohol or drugs? Please describe:

Most people have problem(s) growing up. Please describe any that you experienced:

What types of trouble did you get into as a youngster?

As a child who typically punished you, and how?

What was the worst thing you ever did as a child?

What was the worst punishment you ever received and from whom:

While growing up, did you have any experiences of physical, emotional or sexual abuse: Y N

Please describe: _____

Does the other parent have a childhood history of physical, emotional or sexual abuse: Y N

Please describe: _____

Briefly describe the role of religion and the church in your life when you were a child:

What is the role of religion in your life currently?

Please describe any significant religious differences with the other parent:

Please identify your religion and that of the other parent, if different:

Are there any disputes about the religious upbringing of your child(ren):

Have you had any motor vehicle violations: _____Y_____N

➡ If yes, please detail.

Has the other parent had any motor vehicle violations: _____Yes_____No

Have you ever been charged with a misdemeanor or felony: _____Yes_____No

➡ If yes, please explain.

Has your (ex) spouse ever been charged with a misdemeanor or a felony:

_____Yes _____No

Have you had any significant financial problems including bankruptcy, “bad checks” or significant indebtedness? Please describe:

Has domestic abuse occurred in your household:_____Yes_____No

Please describe:_____

➡ Please attach copies of any police reports, requests for orders for protection, harassment orders, and orders for protection.

Are your children aware of the domestic violence:_____Y_____N

Please describe:_____

Has Child Protection ever been involved with your family:_____Yes_____No

Please describe:_____

Do you have any firearms in your home: _____Y_____N

If yes, please describe the guns you have and where they are kept:

Does the other parent have any firearms in the home: _____Y_____N

If yes, do you have any concerns about this?

Do you or anyone else in your household smoke? Please describe:

Do you have any concerns about the other parent's smoking? Please describe:

Please describe your use of seatbelts and child safety seats:

Please describe the role of exercise in your life:

Please describe how your children exercise while in your care:

Do you have any concerns about the other parent's use of seat belts/child safety seats? Please describe:

Please describe your current residence and your plans to remain there or move:

How long have you lived there: _____

➡ Please attach a list of all previous residences in which your children have lived.

If anyone else lives with you, please describe these circumstances:

Please describe your neighborhood and your plans to remain there or move:

Do you plan to change you child(ren)'s school(s) in the next two years:_____Y_____N

If yes, please explain:_____

Do you hope to move out of your county of residence within the next two years:_____Y_____N_____?

If yes, please explain:_____

Please describe your involvement in organizations and activities, including volunteer work:

Please describe your two best friends:

Please describe how often you get together with them and what you do:

Please describe other social events you participate in alone or with your child(ren):

In the course of your marriage, what do you consider to be the greatest mistakes you've made:

Describe how you and the other parent made parenting decisions while you lived together, including any areas of significant disagreement:

Describe how you and the other parent currently make parenting decisions, including any areas of significant disagreement:

What methods have you used to try to resolve parenting disagreements:

Please describe how you explained the divorce to your child(ren):

Please describe how you talk about the other parent with your children:

Briefly describe the relationship you have with the person with whom you are currently involved in this litigation:

If you are remarried or have a significant other, please describe that person's involvement in your child(ren)'s life:

Please describe your efforts to maintain or improve cooperation with the other parent:

Please describe the other parent's efforts to maintain or improve cooperation with you-

Please describe your plan to maintain or improve cooperation with the other parent: _____

Please describe the dispute resolution process you propose using after custody has been determined:

_____ **Mediation**

_____ **Parenting Consultant**

_____ **Therapist**

Who? _____

Other _____

Are you seeking _____ **Joint Legal Custody** _____ **Sole Legal Custody?**

Please describe your understanding of the difference between the two:

Please describe why you are seeking joint or sole legal custody:

If you are requesting joint legal custody, please describe the types of decisions that should be made together:

Please describe the method you propose for making these decisions jointly:

Please describe the types of decisions you believe do not need to be made jointly:

Are you seeking _____ Joint Physical Custody _____ Sole Physical Custody

Please explain: _____

Please describe what types of information you will provide to the other parent if you are determined to be the parent with sole physical custody:

Please describe what types of information you want the other parent to provide you if s/he is determined to be the parent with sole physical custody:

Please describe your proposed parenting schedule.

Please describe your proposal for sharing holidays and which holidays you would like included in your parenting plan:

Please describe your proposal for vacations:

Please describe your proposal for transportation between the homes:

Please describe your proposal for telephone access between you and your child(ren):

Please describe your proposal for telephone access between the other parent and your child(ren):

How have you and the other parent handled any needed changes in the access schedule:

If you believe there has been interference in your parenting time with the children, please describe:

Are there any ethnic or cultural issues I need to be aware of in making my recommendations:

Is there anything else you want to tell me?

▶▶ Please attach a list of parenting references, with names, addresses and phone numbers. (Please do not include relatives.)

Signature **Date**

Thank you for your cooperation in filling out this form.

Please make a copy of this form for your records.