

**MINNESOTA  
CUSTODY/PARENTING TIME  
QUESTIONNAIRE**

**READ THE FOLLOWING CAREFULLY:** Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page. **ALL INFORMATION YOU PROVIDE ON THIS FORM IS STRICTLY CONFIDENTIAL AND PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE.**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

**YOUR PERSONAL INFORMATION**

Your full name: \_\_\_\_\_

Previous names you have used: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Address to which mail should be sent: \_\_\_\_\_

Home phone:(\_\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell/pager: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Method of contact:** I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home/work/cell/e-mail (circle all that apply). **DO NOT CONTACT ME** at home/work/cell/e-mail (circle all that apply).

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(city county state)

SSN: \_\_\_\_\_ Length of residence in MN: \_\_\_\_\_

Your state of health: \_\_\_\_\_ Family doctor: \_\_\_\_\_

**Emergency contact:** In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**OTHER PARTY'S PERSONAL INFORMATION**

Other party's full name: \_\_\_\_\_

Previous names other party has used: \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(city county state)

SSN: \_\_\_\_\_ Length of residence in MN: \_\_\_\_\_

Other party's state of health: \_\_\_\_\_ Family doctor: \_\_\_\_\_

**INFORMATION ABOUT YOUR RELATIONSHIP WITH THE OTHER PARTY**

Length of time together: \_\_\_\_\_ Married? Yes No

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(city county state)

Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Describe any history of domestic abuse in your relationship, noting any court or law enforcement involvement: \_\_\_\_\_

**CHILDREN**

**Children of this relationship:**

Full Name	Birthdate	Social Security Number	In whose physical custody?

Describe how and by what method paternity was established on the above children? \_\_\_\_\_

Are you, or the other party, pregnant? \_\_\_\_\_ If so, what is the due date? \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

**Children not of this relationship:**

Full Name	Birthdate	Social Security Number	Whose child and in whose custody?

Are you or the other party presently under an obligation to pay child support and/or maintenance as a result of a former marriage/relationship? If so, please specify the type of payment and the monthly amount:

\_\_\_\_\_

\_\_\_\_\_

Who is presently claiming the tax exemption(s) for the minor child(ren)? \_\_\_\_\_

**PARENTING TIME SCHEDULE**

Describe the existing visitation schedule regarding the child(ren) involved in this matter (attach a copy of any existing order regarding visitation/parenting time: \_\_\_\_\_)

Describe your proposed visitation schedule:

- Reasonable
- 24 hour notice
- Restricted. Describe restrictions: \_\_\_\_\_
- Specific schedule
- \_\_\_\_\_ Alternate weekends from \_\_\_\_\_ Friday to \_\_\_\_\_ Sunday
- \_\_\_\_\_ Other: \_\_\_\_\_
- Holiday Schedule

HOLIDAY	ODD YEARS WITH (Mother/Father)	EVEN YEARS WITH (Mother/Father)	COMMENTS
New Year's Day			
Easter			
Mother's Day			
Memorial Day			
Father's Day			
July 4 <sup>th</sup>			
Labor Day			
Halloween			
Thanksgiving			
Christmas Eve			
Christmas			
Child birthdays			

**INCOME INFORMATION**

It is **VERY IMPORTANT** that this information be as accurate as possible—please attach proof of income, if possible (paystub, etc.)

**YOUR INCOME:**

<b>Monthly Income Received</b>	<b>Amount</b>	<b>Monthly Income Received</b>	<b>Amount</b>
Salary and Wages (before deductions)	\$	Child’s Derivative Social Security or Veterans’ Benefits	\$
Commissions	\$	Military and Naval Retirement	\$
Spousal Maintenance Received	\$	Disability Payments	\$
Pension Payments	\$	Annuity Payments	\$
Workers’ Compensation	\$	Self-Employment	\$
Unemployment Benefits	\$	Other source of income_____	\$
<b>Total monthly income received:</b>			\$

**OPPOSING PARTY’S INCOME:**

<b>Monthly Income Received</b>	<b>Amount</b>	<b>Monthly Income Received</b>	<b>Amount</b>
Salary and Wages (before deductions)	\$	Child’s Derivative Social Security or Veterans’ Benefits	\$
Commissions	\$	Military and Naval Retirement	\$
Spousal Maintenance Received	\$	Disability Payments	\$
Pension Payments	\$	Annuity Payments	\$
Workers’ Compensation	\$	Self-Employment	\$
Unemployment Benefits	\$	Other source of income_____	\$
<b>Total monthly income received:</b>			\$

- Total monthly health care insurance costs for the child/ren that you have with the other party: \$\_\_\_\_\_
- Total monthly child care expenses for the child/ren that you have with the other party: \$\_\_\_\_\_

**Dated:**\_\_\_\_\_ **Signed:**\_\_\_\_\_

**TO EXPEDITE THE HANDLING OF THIS MATTER, PLEASE ASSEMBLE AND PHOTOCOPY THE FOLLOWING DOCUMENTS AND PROVIDE THEM TO US AS SOON AS POSSIBLE:**

- Any pleadings or other court papers regarding this or any previous dissolution, paternity or other family law matters
- Any other papers or documents requested by us.