

**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 th			
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:

Monthly Income Received	Amount	Monthly Income Received	Amount
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_____	\$
Total monthly income received:			\$

OPPOSING PARTY’S INCOME:

Monthly Income Received	Amount	Monthly Income Received	Amount
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_____	\$
Total monthly income received:			\$

- 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.