

THE MENNA LAW FIRM

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***** CONFIDENTIAL *****

CUSTODY/PARENTING TIME/PATERNITY/SUPPORT QUESTIONNAIRE

TODAY'S DATE: _____

I. PLEASE ANSWER THESE QUESTIONS ABOUT YOURSELF:

Name: First/Middle/Last _____ Birth date/Birthplace (State) _____ / _____

Mailing Address _____ Home Telephone Number _____

Home Address (if different) _____ Social Security Number _____

City/State/Zip _____ Driver License Number and State _____

Eye color _____ Hair color _____ Height _____ Weight _____ Race _____ Cell Telephone Number _____

Scars/Tattoos/Glasses/etc. _____ E-Mail Address _____

Other names by which you are or have been known: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Are you able to work? Yes ___ No ___ Occupation _____ Hourly rate? _____

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

How much did you earn last year (W-2/1099): _____

Do you typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Do you make tips/bonuses/commissions? Yes ___ No ___ If so, how much/when paid? _____

Please describe your TYPICAL work schedule over a two-week period of time (include days and times): _____

Did you graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did you attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Did you attend any of the above during the marriage? Yes ___ No ___

Do you receive any of the following (please check all that apply):

Social Security ___ How much per month? _____

Social Security Disability ___ How much per month? _____

Medicare/Medicaid _____

Food stamps _____

Unemployment ___ How much per week? _____

Worker's Compensation ___ From who? _____ How much _____ per week/month

Retirement/pension From who? _____ How much _____ per week/month

Other benefits From who? _____ How much _____ per week/month

II. PLEASE ANSWER THESE QUESTIONS ABOUT OTHER PARENT:

Name: First/Middle/Last _____

Birth date/Birth place (State) _____

Mailing Address _____

Home Telephone Number _____

Home Address (if different) _____

Social Security Number _____

City/State/Zip _____

Driver License Number and State _____

Eye color Hair color Height Weight Race _____

Cell Telephone Number _____

Scars/Tattoos/Glasses/etc. _____

E-Mail Address _____

Other names by which the other is or has been known as: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Is the other person able to work? Yes ___ No ___ Occupation _____ Okay to call the other person at work? Yes ___ No ___

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

Does the other person typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Does the other person make tips/bonuses/commissions? Yes ___ No ___ If so, how much? _____

How much did the other person earn last year (W-2/1099): _____

Do the other person typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Does the other person make tips/bonuses/commissions? Yes ___ No ___ If so, how much/when paid? _____

Please describe the other person's TYPICAL work schedule over a two week period of time (include days and times): _____

Did the other person graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did the other person attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Does the other person receive any of the following (please check all that apply and include any case numbers):

Social Security ___ How much per month? _____

Social Security Disability ___ How much per month? _____

Medicare/Medicaid ___ _____

Food stamps ___ _____

Unemployment ___ How much per week? _____

Worker's Compensation ___ From who? _____ How much _____ per week/month

Retirement/pension ___ From who? _____ How much _____ per week/month

Other benefits ___ From who? _____ How much _____ per week/month

PLEASE PROVIDE A COPY OF YOUR LAST PAY STUB FOR A 40-HOUR WEEK AND MOST RECENT FEDERAL INCOME TAX RETURN(S) (FOR BOTH PARTIES)

III. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD(REN):

A. How many children were born to or adopted by you and the other person? _____

FULL NAME OF CHILD	BIRTH DATE	AGE	SOCIAL SECURITY NO.	AFFIDAVIT OF PARENTAGE (AOP) SIGNED OR ON BIRTH CERTIFICATE?
				No ___ Yes ___ (Birth Cert. AOP ___)
				No ___ Yes ___ (Birth Cert. AOP ___)
				No ___ Yes ___ (Birth Cert. AOP ___)
				No ___ Yes ___ (Birth Cert. AOP ___)
				No ___ Yes ___ (Birth Cert. AOP ___)

B. List addresses where the minor children have lived for the last five years and the person in charge of their care and their relationship to you.

ADDRESS	YEARS	PERSON(S) IN CHARGE	RELATIONSHIP TO YOU

C. Is there a Family Support Order? Yes ___ No ___ If so, amount paid per child per week \$ _____
What is your Family Support Order Number? _____

D. Has any amount of child support been agreed upon? Yes ___ No ___ Amount to be paid per week \$ _____

E. Is your spouse receiving any public assistance? Yes ___ No ___ Amount (if known): \$ _____

F. Do you want custody? Yes ___ No ___ Does the other person want custody? Yes ___ No ___ Are you interested in joint custody? Yes ___ No ___

G. Is there any other information that you want to give about the children? _____

H. Describe any special circumstances. _____

I. Are the children involved in extracurricular activities? If yes, for each child describe each activity, schedule and costs. Please use the back of the form if needed. _____

J. Who claims the children as income tax exemption(s)? _____

K. Are there work-related childcare expenses? Yes ___ No ___ If so, state name and address of the child care provider(s). Licensed? Yes ___ No ___ Amount of weekly child care expense: \$ _____ Days/Time periods child care generally used: _____

IV. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR RELATIONSHIP:

A. Have you already participated in counseling? Yes ___ No ___ Are you still in counseling? Yes ___ No ___ If yes, provide the name, address and phone number of the counselor: _____

B. Has your spouse ever physically or emotionally abused you/child(ren)? Yes ___ No ___ If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space) _____

C. Have you or your spouse ever had a problem with alcohol/marijuana/cocaine/other drugs? Yes ___ No ___ Please explain. _____

D. Have you or your spouse ever been accused or convicted of any crime(s)? Yes ___ No ___ Please explain giving date(s), Court name(s) and type of crime. _____

V. HEALTH CARE COVERAGE

A. please provide the following about your health insurance, including any State provided insurance:

Medical:

Monthly premium \$ _____ Paid by whom? You ____ Spouse _____

Insurance Company _____ Contract No. _____

Group Number _____

Dental:

Monthly premium \$ _____ Paid by whom? You ____ Spouse _____

Insurance Company _____ Contract No. _____

Group Number _____

Optical:

Monthly premium \$ _____ Paid by whom? You ____ Spouse _____

Insurance Company _____ Contract No. _____

Group Number _____

B. Is your insurance employer provided or State assistance: Employer Provided ____ State Provided ____

VI. CURRENT/PRIOR ACTIONS:

A. Are there any current or prior cases involving you, the other person or the child(ren)? Yes ____ No _For each case provide:

a. Court Name _____

b. Case No. _____

c. Judge Assigned to the Case: _____

d. Orders: ____ Judgment of Divorce ____ Order of Filiation ____ Custody/Parenting Time/Support Order
____ Uniform Child Support Order ____ Uniform Spousal Support Order

a. Court Name _____

b. Case No. _____

c. Judge Assigned to the Case: _____

d. Orders: ____ Judgment of Divorce ____ Order of Filiation ____ Custody/Parenting Time/Support Order
____ Uniform Child Support Order ____ Uniform Spousal Support Order

a. Court Name _____

b. Case No. _____

c. Judge Assigned to the Case: _____

d. Orders: ____ Judgment of Divorce ____ Order of Filiation ____ Custody/Parenting Time/Support Order
____ Uniform Child Support Order ____ Uniform Spousal Support Order

*****FOR EACH CASE PLEASE BRING/PROVIDE COPIES OF EACH ORDER YOU HAVE ALONG WITH THE MOST RECENT ORDER YOU ARE LOOKING TO CHANGE.*****

VII. CUSTODY, SUPPORT, AND MODIFICATION

A. If applicable, what is the current parenting time schedule with the minor child(ren) over a two-week period? _____

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

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

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

___ Yes How much per week? \$_____ Number of children _____

Names _____

___ No

E. Is the other party *paying* or *receiving* support for other children (circle one)?

___ Yes How much per week? \$_____ Number of children _____

Names _____

___ No

F. Has support been paid since divorce?

___ Yes How much per week? \$_____ How paid? ___ cash ___ check/money order ___ income withholding order

___ No

G. If you and the other party have agreed on child support, how much per week? \$_____

IF YOU ARE ABLE TO, PLEASE REMEMBER TO BRING WITH YOU FOR YOUR INTERVIEW, YOUR LAND CONTRACT(S), MORTGAGE(S), DEED(S), CLOSING STATEMENT(S), VEHICLE TITLE(S), LOAN APPLICATION(S), CHARGE ACCOUNT STATEMENT(S), YOUR MOST RECENT TAX RETURN(S). IF YOU HAVE ACCESS AND ARE ABLE TO MAKE YOUR OWN COPIES AHEAD OF TIME IT WILL SAVE YOU PHOTOCOPYING COSTS AND TIME. These documents are helpful to us in obtaining necessary information, however, we realize it may be difficult or impossible for you to provide them.

You must provide us with *all* of the following information *which is required* for the Friend of the Court (if you do not know the answer, it is your responsibility to obtain it and provide us with the details):

OTHER CHILDREN OF EITHER PARTY:

- 1. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____

- 2. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____

FOR ATTORNEY USE ONLY

Date of initial client interview: _____

NOTES: _____

Hourly Fee: _____ Retainer Agreed Upon: _____
 Agreement signed: _____ Significant dates to be recorded: _____

Results: _____

Guidelines amounts: Him _____ Her _____ Recommendation _____

- PLEADINGS NEEDED:
- _____ Summons
 - _____ Complaint for Divorce
 - _____ Answer and Counter-Complaint
 - _____ Stipulation/Order for Temporary Support & Custody
 - _____ Mutual Preliminary Injunctive Order
 - _____ Affidavit of Indigence
 - _____ Record of Divorce
 - _____ FOC Statement
 - _____ Motion _____
 - _____ Interrogatories _____

NOTES: _____

