

MICHAEL L. HAWKINS & ASSOCIATES, P.L.L.C.
CUSTODY QUESTIONNAIRE

NAME OF CLIENT: _____.
COURT: _____.
CASE NUMBER: _____.
DATE: _____.

I. GENERAL INSTRUCTIONS:

The answers you give on this form are for our use only in the preparation and evaluation of your custody case. All answers are confidential; no information will be released to any unauthorized person without your consent. If you so desire, at the conclusion of your case, this interview questionnaire will be returned to you.

Please be candid in answering all questions. Although some questions may ask for personal information, all questions have a legitimate purpose. These questions are aimed at getting the information necessary to prepare your divorce case adequately and professionally. In order to adequately represent your interest, we must know a great deal of information about you, because we cannot afford to be surprised at any stage of the proceedings. Furthermore, we are not the only ones who need to be prepared. You must also be prepared for investigation, discovery, settlement and perhaps even trial. If we have the information we need, we can help prepare you as well.

Although this questionnaire appears to be long and may seem complicated, the questions it asks and answers you will supply are important to your case. Therefore, answer each question as fully and accurately as possible. It is very important that you immediately, upon receipt, take time to complete this questionnaire. Our ability to efficiently process your claim depends upon the information that you supply. If you have any questions, or if anything is unclear or hard to understand, please let us know and we will do our best to assist you. Finally, please type or print legibly.

II. CLIENT'S GENERAL BACKGROUND INFORMATION:

Client's Name: _____ If wife, Maiden Name: _____
Marital Address: _____ Length: _____
Current Address: _____ Length: _____
Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ County/State: _____
Telephone Number: (H) _____ (W) _____ (Cell) _____
E-Mail Address: _____
How Many Time Married Including this Marriage: _____
County of Prior Divorce: _____ When Filed: _____
County of Prior Divorce: _____ When Filed: _____

III. CLIENT=S EMPLOYMENT INFORMATION:

1. Current Employer: _____
Employer=s Address: _____
How Long Employed: _____
Job _____ Duties: _____

Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year
Other Forms of Compensation:(including bonuses, tips, fringe benefits)

Usual Occupation: _____
If Homemaker, Work Experience During or Preceding Marriage:

2. Any Part-Time Employment or Self Employment

3. Past Employer: _____
Employer=s Address: _____
How Long Employed: _____
Job _____ Duties: _____

Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year
Other Forms of Compensation:(including bonuses, tips, fringe benefits, Social Security, Interest, Dividends,

Reason for Leaving: _____

IV. CLIENT=S HEALTH CONDITION:

Any Health Conditions:

How Does Physical Condition Effect Ability to Work:

Current Treating Physician: _____
Address: _____
Telephone Number: _____
Length of Treatment: _____

V. OPPOSING PARTY (SPOUSE):

Name: _____ If wife, Maiden Name: _____
Marital Address: _____ Length: _____
Current Address: _____ Length: _____
Resident of Kentucky Since: _____
Social Security Number: _____
Date of Birth: _____ Birthplace: _____
Telephone Number: (H) _____ (W) _____
How Many Time Married Including This Marriage: _____
County of Prior Divorce: _____ When Filed: _____
County of Prior Divorce: _____ When Filed: _____

VI. SPOUSE=S EMPLOYMENT INFORMATION:

1. Current Employer: _____
Employer=s Address: _____
How Long Employed: _____
Job _____ Duties: _____

Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year
Other Forms of Compensation:(including bonuses, tips, fringe benefits)

Usual Occupation: _____
If Homemaker, Work Experience During or Preceding Marriage: _____

2. Any Part-Time Employment or Self Employment

3. Past Employer: _____
Employer=sAddress: _____
How Long Employed: _____
Job Duties: _____
Rate of Pay: _____ Per Hour; _____ Per Month; _____ Per Year
Other Forms of Compensation: (including bonuses, tips, fringe benefits, Social Security, Interest, Dividends: _____

Reason for Leaving: _____

VII. SPOUSE=S HEALTH CONDITION:

Any Health Conditions: _____

How does physical condition affect your ability to work: _____

Address: _____

Telephone Number: _____

Length of Treatment: _____

VIII. MARRIAGE OF THE PARTIES:

Date of Marriage: _____ County: _____ State: _____

Date of Separation or Last Conjugal Relations: _____

Marital Cohabitation in Last Sixty Days: _____ Yes; _____ No

Previous Separations, If Any: _____

Marriage Counseling (Name): _____ When: _____

Address of Counselor: _____

Any Prospect of Conciliation: _____

If not Married, Paternity Information:(County) _____ Case No. _____

IX. CHILDREN OF PARTIES:

1. Full Legal Name of Child: _____

Date of Birth: _____ Place: _____ Age: _____

Any special health or school conditions: _____

Present Residence: _____

Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

2. Full Legal Name of Child: _____

Date of Birth: _____ Place: _____ Age: _____

Any special health or school conditions: _____

Present Residence: _____

Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

3. Full Legal Name of Child: _____

Date of Birth: _____ Place: _____ Age: _____

Any special health or school conditions: _____

Present Residence: _____

Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

4. Full Legal Name of Child: _____
Date of Birth: _____ Place: _____ Age: _____
Any special health or school conditions: _____
Present Residence: _____
Desired Custody Arrangement: (sole custody/joint custody/split or shared custody): _____

X. CONTESTED CUSTODY:

Any past or present drug/alcohol problems/treatment for either party (please describe):

Any Issues which are relevant to custody determination or for court's consideration: _____

Please insure that all questions are answered truthfully and completely to the best of your knowledge and belief. When Completing this Questionnaire, please be aware that we will need copies of all documents or information which was used to prepare these answers. Again, thank you for your time and cooperation in completing this questionnaire. Once completed, please bring it by our office or mail it to:

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