Please print a copy.
Complete and return
to our office.

WARD LAW LLC
KANSAS FAMILY LAW™

Grandparent Custody | Visitation Request Questionnaire

OUR CLIENT

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (country or state): _____

Please mark preferred phone number below.

❑ Home Phone: _____ ❑ Cell Phone: _____ ❑ Work Phone: _____

Preferred Email: _____

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (country or state): _____

Please mark preferred phone number below.

❑ Home Phone: _____ ❑ Cell Phone: _____ ❑ Work Phone: _____

Preferred Email: _____

MOTHER'S INFORMATION

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (country or state): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

FATHER'S INFORMATION

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (country or state): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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CHILDREN

Child's Name	Date of Birth (MM/DD/YYYY)	Social Security Number	Age	Still Living at Home	Are they of Native American Heritage?
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No

Present address of children:

Address: _____ City: _____ State: _____ Zip: _____

Name(s) & address(es) of person(s) with whom children have lived for the past six (6) months:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Has there been litigation concerning custody of the children? ❑ Yes ❑ No

Where (City and State): _____ Case No. _____

Caption of Case: _____ Status: _____

Is there anyone else (other than other parent) who has or claims to have a right to physical custody of or visitation rights with the children?

❑ Yes ❑ No If yes, please provide their name(s): _____

PARENTING TIME/GRANDPARENT VISITATION

Who has primary residency? _____

CASE INFORMATION

Case No. _____

Mother's Attorney: _____

Father's Attorney: _____

Grandparent Custody | Visitation Request Questionnaire

Describe relationship between grandparent(s) and child(ren): _____

Describe reasons why parent has not allowed contact with child(ren): _____

Describe last contact with child(ren): _____

Describe contact with child(ren) historically before contact was stopped by parent: _____

What would you propose regarding grandparent visitation and contact with the child(ren)?: _____

Describe your home, employment and any other factors that could affect grandparent visitation: _____

If you have had involvement with the Court system regarding this issue in the past, please describe it in detail: _____

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DOMESTIC VIOLENCE/MENTAL HEALTH

Are the children in a relationship in which they have been physically hurt or threatened by either parent? ❑ Yes ❑ No

Has either parent ever threatened or abused the children mentally or physically? ❑ Yes ❑ No

Do you believe either parent/significant other abuses alcohol? ❑ Yes ❑ No

Does either parent/significant other believe you abuse alcohol? ❑ Yes ❑ No

Do you believe you abuse alcohol? ❑ Yes ❑ No

Do you believe either parent/significant other abuses prescription or illegal drugs? ❑ Yes ❑ No

Does either parent/significant other believe you abuse prescription or illegal drugs? ❑ Yes ❑ No

Do you believe you abuse prescription or illegal drugs? ❑ Yes ❑ No

Do you believe either parent/significant other has a mental health problem or issue? ❑ Yes ❑ No

Does either parent/significant other believe you have a mental health problem or issue? ❑ Yes ❑ No

Do you believe you have a mental health problem or issue? ❑ Yes ❑ No

ADDITIONAL INFORMATION: