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

WARD LAW LLC
KANSAS FAMILY LAW℠

Custody | Parenting Time 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: _____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

May we leave a message with your emergency contact if we are unable to reach you? ❑ Yes ❑ No

INCOME INFORMATION

Income: $ _____ Monthly Gross Wages: $ _____

Commissions/Bonuses: $ _____ Frequency: _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

_____

Withholding: ❑ Single ❑ Married # of Dependents Claimed: _____

Federal Withholding: $_____ State Withholding: $_____ FICA: $_____

Health Insurance: $_____ Life Insurance: $_____

Other Deductions: $_____

_____

Net Monthly Take-Home Amount: $_____ Paid: ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Semi-Monthly

Other Income (e.g. second job, Mary Kay, VA Pension, Social Security): _____

_____

Regular Work Schedule: _____

Please attach copies of:

❑ Last three (3) pay stubs

❑ Last W-2/1099

❑ Last Tax Return

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OPPOSING PARTY

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: _____

Physical Description (identifying features: height, hair color, eye color, tattoos, etc.): _____

_____

Automobile Make, Model and Color (include license plate number if known): _____

_____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

Attorney's Name: _____

INCOME INFORMATION

Income: $ _____ Monthly Gross Wages: $ _____

Commissions/Bonuses: $ _____ Frequency: _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

_____

Withholding: ❑ Single ❑ Married # of Dependents Claimed: _____

Federal Withholding: $_____ State Withholding: $_____ FICA: $_____

Health Insurance: $_____ Life Insurance: $_____

Other Deductions: $_____

_____

Net Monthly Take-Home Amount: $_____ Paid: ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Semi-Monthly

Other Income (e.g. second job, Mary Kay, VA Pension, Social Security): _____

_____

Regular Work Schedule: _____

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CHILDREN

Number of 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

Present address of children of this marriage:

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: _____

Name: _____

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

Name: _____

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

City(ies) and State(s) where children have lived for the past five years:

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

Has there be 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): _____

Names and Dates of Birth or minor children NOT born to this marriage:

Child's Name	Date of Birth (MM/DD/YYYY)	Who Does Child Live With?
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex
		❑ Lives with you ❑ Lives with Ex ❑ Lives with Spouse's Ex

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CHILDREN CONTINUED

Pre-existing child support obligations paid:

Case Name: _____ Case Number: _____ County and State: _____

Amount of obligation: $_____ per _____ Name of Paying Party: _____

PARENTING TIME

Who is to have primary residency? _____

How will parenting time be set out in the temporary order?

❑ Shared Parenting Time ❑ Specific Parenting Time ❑ Reasonable Parenting Time

WORK-RELATED CHILD CARE COSTS (provide statement from provider)

Paid by: _____ Amount paid: $_____ per _____

Providers Name: _____ Providers Address: _____

Attach a copy of verification of day-care/childcare expense.

HEALTH INSURANCE COVERAGE (provide copy of insurance verification)

Which party pays health insurance: _____

Coverage Type: ❑ Medical ❑ Dental ❑ Vision ❑ Drug

Name of Insurance Company: _____

Address of Insurance Company: _____

Name(s) of all individuals covered by policy: _____

_____

How much does the parent pay for family coverage? $_____per_____

How much would it cost the parent for the parent only? $_____per_____

Provide a copy of verification of single and family insurance costs.

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DOMESTIC VIOLENCE/MENTAL HEALTH

Are you in a relationship in which you have been physically hurt or threatened by your spouse? ❑ Yes ❑ No

Has your spouse ever destroyed things that you care about? ❑ Yes ❑ No

Has your partner ever threatened or abused your children? ❑ Yes ❑ No

Do you feel afraid of your spouse? ❑ Yes ❑ No

Do you have guns in your home? ❑ Yes ❑ No

Has your spouse ever threatened to use them when he/she was angry? ❑ Yes ❑ No

Do you believe your spouse/significant other abuses alcohol? ❑ Yes ❑ No

Does your spouse/significant other believe you abuse alcohol? ❑ Yes ❑ No

Do you believe you abuse alcohol? ❑ Yes ❑ No

Do you believe your spouse/significant other abuses prescription or illegal drugs? ❑ Yes ❑ No

Does your spouse/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 your spouse/significant other has/have a mental health problem or issue? ❑ Yes ❑ No

Does your spouse/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

Have your ever filed a Protection From Abuse (PFA)? ❑ Yes ❑ No

Have you ever had a Protection From Abuse(PFA) filed against you? ❑ Yes ❑ No

ADDITIONAL INFORMATION: