

ADRIENNE L. IDDINGS
Attorney and Counselor at Law, P.L.L.C.
204 East Church Street, Suite 202
Adrian, Michigan 49221
Phone: 517-266-2224
Fax: 517-266-2022

CONFIDENTIAL QUESTIONNAIRE
for
CUSTODY CASES

Instructions:

- Provide all information requested to insure documents are properly completed for Court filing.
- Attach a copy of the most recent pay stub for yourself.
- If you require additional room for any of the questions, please use the back of this form. (Please indicate the question you are answering.)
- If you have any questions regarding the information asked for, please contact Jessica at 517-266-2224.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Full Name: _____ SS#: _____

First Middle Last

Address: _____

Street Number (including Apt.#) City State Zip County

Phone #: _____ DOB: _____ Place of Birth: _____

City State/Country

Drivers License #: _____ State: __ Types of Driver Licenses Held: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Marks (i.e. tattoos, scars, etc.) _____

Employer: _____ Occupation: _____

Employer Address: _____

Street Number (inc. suite number, etc.) City State Zip

Employer Phone Number: _____ ext: _____ Length of Employment: _____

Are you currently working? _____ If not, why: _____

Please state your weekly take home pay: _____ weekly gross pay: _____

Please state your highest level of education: _____ Degrees received: _____

Do you receive public assistance? _____ If so, what kind? _____ How much? _____

Are you currently receiving Social Security? _____ If so, how much? _____ How long? _____

Are you currently receiving Workers Comp.? _____ If so, how much? _____ How long? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT MOTHER:

Full Name: _____ SS#: _____

First Middle Last

Address: _____

Street Number (including Apt.#) City State Zip County

Phone #: _____ DOB: _____ Place of Birth: _____

City State/Country

Drivers License #: _____ State: __ Types of Driver Licenses Held: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Marks (i.e. tattoos, scars, etc.) _____

Employer: _____ Occupation: _____

Employer Address: _____

Street Number (inc. suite number, etc.) City State Zip

Employer Phone Number: _____ ext: _____ Length of Employment: _____

Are they currently working? _____ If not, why: _____

Please state their weekly take home pay: _____ weekly gross pay: _____

Please state their highest level of education: _____ Degrees received: _____

Do they receive public assistance? _____ If so, what kind? _____ How much? _____

Are they currently receiving Social Security? _____ If so, how much? _____ How long? _____

Are they currently receiving Workers Comp.? _____ If so, how much? _____ How long? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD(REN):

- 1) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County
- 2) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County
- 3) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County
- 4) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County
- 5) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County

PLEASE PROVIDE THE FOLLOWING CONCERNING MINOR CHILD(REN) OF PREVIOUS RELATIONSHIPS:

Do Mother or Father have child(ren) from previous marriage/relationship? _____ If yes, state:

- 1) Full Name: _____ SS# _____ DOB: _____ Age: __ M or F
Address: _____
Street Number (including Apt.#) City State Zip County
- 2) Full Name: _____ SS# _____ DOB: _____ Age: __ M or F
Address: _____
Street Number (including Apt.#) City State Zip County

Is Mother or Father paying child support for any child(ren) outside of this marriage? _____

If yes, state amount paid: _____ per _____ for _____ children and the

- 1) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County
- 2) Full Name: _____ SS# _____ DOB: _____ Age: _____
Address: _____
Street Number (including Apt.#) City State Zip County

PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING SUPPORT, CUSTODY, & ALIMONY:

Is there an agreement on amount to be paid for child support? _____ If yes, state amount: _____

Is there currently a family support order? _____ If yes, state: _____

If yes, state if Payor is behind in support: _____ If yes, state amount behind: _____
County Case No. Amount

Is there an agreement on who will receive IRS Child Dependency Exemption? _____ Who? _____

Is there an agreement on custody? _____ If yes, please state terms: _____

Are you interested in either: Joint Legal Custody _____ Joint Physical Custody _____ Both _____

Is there an agreement on parenting time? _____ If yes, please state terms: _____

Do you know if spouse will be seeking alimony? _____

If yes, have you reached an amount? ____ If yes, state amount: _____ per _____

PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING HEALTH CARE:

Mother’s Insurance/HMO Carrier: _____ Policy/Contract#: _____

Does Mother provide coverage for child(ren)? ____ If yes, state child(ren) covered: _____

Father’s Insurance/HMO Carrier: _____ Policy/Contract#: _____

Does Father provide coverage for child(ren): ____ If yes, state child(ren) covered: _____

Do you have any other employer provided benefits? ____ If yes, state: _____

Does Mother have any other employer provided benefits? ____ If yes, state: _____

PLEASE PROVIDE ANY OTHER INFORMATION YOU BELIEVE MAY BE HELPFUL HERE:
