

**OAKLAND COUNTY FRIEND OF THE COURT
CUSTODY AND PARENTING TIME QUESTIONNAIRE**

CASE# _____ **CASE NAME** _____ **v** _____ **TRIAL DATE** _____

YOUR NAME _____ **DATE OF BIRTH** _____

ADDRESS _____

PHONE# (HOME) _____ **(WORK)** _____ **(CELL)** _____

SOCIAL SECURITY # _____ **DRIVER'S LICENSE #** _____

YOUR ATTORNEY'S NAME/ADDRESS/PHONE _____

OTHER PARENT'S NAME/ADDRESS/PHONE _____

YOUR CHILDREN: (List all your children, not just those involved in this dispute. Indicate if from a previous marriage or relationship)

Name	Birthdate	Grade	Name of School

Please attach final report cards for last three years, if applicable.

YOUR FAMILY OF ORIGIN

	Name	Age	Address	Phone#
Your Father				
Your Mother				

Name/address/phone number of person who will always know your whereabouts _____

MARITAL HISTORY

Name of Current and all Former Spouses	Date & Place of Marriage	Date of Divorce/Death

If you are separated from the other parent, when did it occur? _____ What was the main reason for the divorce or separation from the other parent in this case? _____

EDUCATION AND EMPLOYMENT HISTORY

What grade/degree did you complete? _____ Date of completion _____

Where do you work? _____ Job Title _____

Address of Employer _____ Phone# _____

How long have you worked for this employer? _____ Supervisor _____

What is your yearly gross income? _____ Your weekly take home pay _____

Work hours _____ Do you work overtime or travel out of town? Yes ☐ No ☐ If so, how many hours per week _____ Do you have plans to change job(s)? Yes ☐ No ☐

If so, when? _____ Name/address/phone of new employer _____

Other income (second job, ADC, Social Security, Disability, Unemployment benefits, another child support case etc.):

Source	Amount	per (i.e. week, month, etc)

List all previous jobs you have had in the past 3 years in chronological order:

Employer	Dates Worked	Wages	Reason for Leaving

Is any child support being paid? Yes ☐ No ☐ By whom? _____ How much? _____ per month

Is the child support current? Yes ☐ No ☐ If not, what is the arrearage owed? _____

Why does the arrearage exist? _____

What health insurance coverage does your child(ren) have? _____

Which parent has the health insurance coverage for your child(ren)? _____

Who has generally taken the child(ren) to the doctor or dentist? _____

Who has generally purchased the clothing for the child(ren)? _____

Who has generally arranged for child care for the child(ren)? _____ Explain the child-care arrangements

that you are using at this time and/or plan to use in the future: _____

Name and phone # of your child(ren)'s day care provider(s):

RESIDENCE AND SOCIAL HISTORY

Current address and how long have you lived here? _____

Are you buying or renting? _____ Amount of monthly payment: _____ Who pays? _____

Who lives in this residence?

Name	Age	Relationship

Name	Age	Relationship

How long has the current family unit lived together? _____ Will there be any changes? Yes ☐ No ☐ If yes, explain

Describe your home (i.e. type, number of rooms, who sleeps in each bedroom)

Do you have plans to move from this residence? Yes ☐ No ☐ If so, when and where?

List all previous residences during the last three years:

Address	From/To	Reason for moving

Are you currently dating anyone on a regular basis? Yes ☐ No ☐ If yes, give the person's name, address, marital status, note any future plans for marriage, and describe the relationship this person has with your children:

Does the person you are dating on a regular basis have children? Yes ☐ No ☐ Doesn't Apply ☐ If yes, note the following:

Child(ren)'s name	Birth date	Current address of child(ren)

Do you have any problem with the current or proposed living arrangement of the other parent? If so, explain:

Are you, or the other parent, expecting another child? Yes ☐ No ☐ If so, who is expecting and what is the due date?

What health problems do you have, if any? _____

Note the medicines you take and the reasons you are taking them: _____

What health problems does the other parent have? _____

With what frequency do you use alcohol or drugs? _____

With what frequency does the other parent use alcohol or drugs? _____

Did alcohol or drugs affect the relationship? _____

Was there any domestic violence in your relationship? (Describe) _____

Has any law enforcement agency ever been involved because of physical violence? If so, which one(s) and when?

(Please attach a copy of Personal Protection Order and/or police reports, if applicable)

Have you and/or the other parent been involved in individual or marriage counseling? Yes ☐ No ☐

If yes, provide the following:

Name	Agency	Phone	Reason	Dates of Service

Have you or the other parent participated in any substance abuse treatment program? Yes ☐ No ☐ If yes, note who and give name of program(s) and dates of service:

Have you, or the other parent, been arrested? Yes ☐ No ☐ If yes, note who was arrested, provide reason(s), date(s), and location(s) _____

Have you and/or the other parent been convicted of driving under the influence of alcohol/other drugs, or any other traffic violations or crimes? Yes ☐ No ☐ If yes, note who was convicted and provide the date(s), location, charge(s), sentence, etc.

Have you, or the other parent, ever been investigated by Children's Protective Services? Yes ☐ No ☐

If yes, note who and provide the date(s) of the investigation, the location of the office and the worker's name and phone#:

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(Please attach a copy of the report, if available)

YOUR CHILDREN

How do you show love for your child(ren)? _____

What activities do you share with your child(ren)? _____

Who usually stays home from work with a sick child? _____ What arrangements do you make for care of a sick child or other emergency? _____

What responsibilities does your child(ren) have in your home? _____

How do you discipline your child? _____

Do you and the other parent agree on discipline? ☐ Yes ☐ No _____

What religion, if any, do you practice? _____ What religious training does your child(ren) receive? _____ Which parent provides this? _____

What are your child care plans should your child(ren) live primarily with you? _____

What are your parenting strengths? _____

What are parenting strengths of the other parent? _____

What are your parenting weaknesses? _____

What are the parenting weaknesses of the other parent? _____

What special holiday traditions does your child(ren) have? _____

What holidays do you consider important? _____

What is the present parenting plan? _____

Is it working? Yes ☐ No ☐ If no, describe the problems:

What do you think is the best custody and/or parenting plan for your child(ren)? Describe in as much detail as possible when your child(ren) would be with you and when with the other parent: _____

What other plan(s) can you suggest? _____

If you are asking for custody of your child(ren), why do you think that you would be the better parent to have custody?

Describe your child(ren): _____

What are your child(ren)'s extracurricular activities? _____

What are your child(ren)'s special needs and the responsibilities you assume to meet them? _____

Has counseling been pursued for your child(ren)? Yes ☐ No ☐ If yes, note who and why and provide the counselor's name, agency, phone number, and dates of service: _____

Anything you want to make the court aware of which could affect custody/parenting time?

Signature _____

Date _____