



# TAYLOR KRIEG & REINKE

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## Client Intake Questionnaire: Custody, Parenting Time, & Child Support

Please fill out this form to the best of your ability and provide the requested information. Doing so will save us time in preparing your case allowing us to focus on the legal analysis.

**Not all information is required or available in every case.** If something does not apply to your situation, or if you do not have the information readily available, then please move on to the next section.

### I. YOUR INFORMATION

Your Name: \_\_\_\_\_  
First Middle Last

Do you have a maiden name?  Yes  No

If yes, what is your maiden name? \_\_\_\_\_

What is your current *physical* address?

\_\_\_\_\_  
Street Apt.?  
\_\_\_\_\_  
City State Zip County

How long have you lived at this address? \_\_\_\_\_

Is your physical address the same as your *mailing* address?  Yes  No

If no, what is your mailing address?

\_\_\_\_\_  
Street Apt.?  
\_\_\_\_\_  
City State Zip County

*Help at Life's Crossroads*

Which telephone numbers can be used to reach you?

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

What is your date of birth? \_\_\_\_\_

How old are you? \_\_\_\_\_

What is your social security number? \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Are you now or have you ever been a member of United States military service?

Yes

No

If yes, please describe your service: \_\_\_\_\_

Do you wish to have your name changed as a part of the divorce?  Yes  No

If yes, then please carefully print your desired legal name:

\_\_\_\_\_

First Middle Last

## II. OTHER PARENT INFORMATION

What is the other parent's name?

\_\_\_\_\_

First	Middle	Last
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What is their current *physical* address?

\_\_\_\_\_

Street	Apt.?
--------	-------

\_\_\_\_\_

City	State	Zip	County
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How long has your spouse lived at this address? \_\_\_\_\_

Is their physical address the same as their *mailing* address?  Yes  No

If no, what is their mailing address?

\_\_\_\_\_

Street	Apt.?
--------	-------

\_\_\_\_\_

City	State	Zip	County
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What is the other parent's date of birth? \_\_\_\_\_

How old is the other parent? \_\_\_\_\_

What is the other parent's social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is the other spouse now or has the other parent ever been a member of United States military service?

Yes  No

If yes, please describe their service: \_\_\_\_\_

**III. CHILDREN**

Child's Legal Name	Gender	Date of Birth	Age	Social Security Number	With whom is the child living?

Do either you or the other parent have children not listed above?

Self

Other Parent

If so, what are their names and dates of birth?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IV. CHILD SUPPORT

Child support is a requirement. Regarding child support, are there any unusual facts that you think I should know? (i.e., Your spouse contributes to certain costs each month, you already have an informal agreement in place, etc.)

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#### A. Your Employment and Income

Are you currently employed?  Yes  No

If so, where are you employed? \_\_\_\_\_

What do you do there? \_\_\_\_\_

What is your work address? \_\_\_\_\_

How long have you been employed at this job? \_\_\_\_\_

Are you paid hourly, salary, or otherwise? \_\_\_\_\_

If hourly, what is your hourly wage? \_\_\_\_\_

If hourly, how many hours per week do you work? \_\_\_\_\_

If salary, what is your monthly income? \_\_\_\_\_

#### B. Your Spouse's Employment and Income

Is your spouse currently employed?  Yes  No

If so, where are they employed? \_\_\_\_\_

What do they do there? \_\_\_\_\_

What is their work address? \_\_\_\_\_

How long have they been employed at this job? \_\_\_\_\_

Are they paid hourly, salary, or otherwise? \_\_\_\_\_

If hourly, what is their hourly wage? \_\_\_\_\_

If hourly, how many hours per week do they work? \_\_\_\_\_

If salary, what is their monthly income? \_\_\_\_\_

C. Insurance

Do you have health insurance?  Yes  No

If yes, how are you insured? (i.e., privately, employer sponsored, state sponsored, etc.)

\_\_\_\_\_

How much do you pay for health insurance? \_\_\_\_\_

Are the children insured?  Yes  No

If yes, how are the children insured? (i.e., privately, employer sponsored, state sponsored, etc.)

\_\_\_\_\_

What is the cost of health insurance for *only* the children? \_\_\_\_\_

D. Child Care Expenses

Are one or more of the children in child care?  Yes  No

If yes, how many are in child care? \_\_\_\_\_

What is the cost of child care per week? \_\_\_\_\_

Who pays for child care? \_\_\_\_\_

Do you or your spouse have any life insurance policies?  Yes  No

## **V. DOCUMENTS NEEDED**

Please provide me with the following documents as soon as possible:

1. Your three (3) most recent pay stubs.
2. Your most recent tax return.
3. Most recent childcare statement.
4. Human Resources information regarding available health plans.





**Legal Custody** identifies who will have the right to make decisions regarding the education, religious, and medical upbringing of the children. Are you asking the court to grant **legal** custody of the children to:

- You                       Your spouse                       Both

Are you and the other parent in agreement regarding legal custody?

- Yes                               No

**Physical custody** identifies the parent with whom the children live and who provides for the children's day-to-day care. Are you asking the court to grant **physical** custody to:

- You                               Your spouse                       Both

Are you and your spouse in agreement regarding physical custody?

- Yes                               No

Are you asking that parenting time be supervised?

- Yes                               No

## Appendix B Parenting Time Schedule

In your own words, what is the parenting time schedule you and the other parent have been following since your separation:

a) Weekends: \_\_\_\_\_  
\_\_\_\_\_

b) Week nights or after school: \_\_\_\_\_  
\_\_\_\_\_

c) Holidays: (please specify which holidays) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) School release days: \_\_\_\_\_  
\_\_\_\_\_

e) Birthdays: \_\_\_\_\_  
\_\_\_\_\_

f) Summers: \_\_\_\_\_  
\_\_\_\_\_

g) Telephone Contact: \_\_\_\_\_  
\_\_\_\_\_

h) Other: \_\_\_\_\_  
\_\_\_\_\_

Do you wish to continue this parenting time schedule permanently?

Yes       No

If no, please describe your preferred parenting time schedule on the next page.

What is your ideal parenting time schedule, if it is different from what you are doing now?

a) Weekends: \_\_\_\_\_

\_\_\_\_\_

b) Week nights or after school: \_\_\_\_\_

\_\_\_\_\_

c) Holidays: (please specify which holidays) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) School release days: \_\_\_\_\_

\_\_\_\_\_

e) Birthdays: \_\_\_\_\_

\_\_\_\_\_

f) Summers: \_\_\_\_\_

\_\_\_\_\_

g) Telephone Contact: \_\_\_\_\_

\_\_\_\_\_

h) Other: \_\_\_\_\_

\_\_\_\_\_

Are you and the other parent in agreement with this schedule?

Yes

No

### Appendix C Necessary Monthly Expenses

Expense	Your Current	Your Projected (post-divorce)	Children
Mortgage/Rent			
Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			
Car Payment			
Gasoline			
Car Insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Giving			
Child care			
Home Maintenance			

