

2109 County Road D East
Maplewood, MN 55109-5444
Office: (651) 771-0050 / Fax: (651) 771-0850
www.tuftlaw.com

CLIENT CUSTODY/PATERNITY/PARENTING TIME INFORMATION

Date: _____
Other Parent's Attorney: _____
Address: _____

INSTRUCTIONS FOR COMPLETION OF THIS FORM:

Try to fill it in as completely as possible. If you do not have all of the details about each item as requested, then include whatever information you do have, however, vague it might be.

A. GENERAL INFORMATION

Your current legal name: _____ Age: _____

Prior Name(s) Ever Used: _____

Date of Birth: _____ Birthplace: _____

Are you a U.S. Citizen?: _____ If no, of which country are you a citizen? _____

Address: _____ Social Security No. _____

E-mail: _____

Your Addresses for past twelve months: (include all dates)

With whom do you currently live? _____

Telephone Numbers: _____ (Home) _____ (Business) _____ (Other)

How may we contact you? (circle all that are acceptable): Home Telephone / Work Telephone / Cell Phone (digital cell phones only) / E-mail / U.S. Mail (home) / U.S. Mail (work) / U.S. Mail (P.O. Box) / (Other; please provide address)

Your Nearest Relative : _____
(Name)

(Address)

(Relationship) (Phone)

Other Parent's current legal name: _____ Age: _____

Other Parent's Prior Name(s) Ever Used: _____

Other Parent's Date of Birth: _____ Birthplace: _____

Is the other parent a U.S. Citizen?: _____ If no, of which country is he/she a citizen? _____

Address: _____ Social Security No. _____

Other Parent's Addresses for past twelve months if different from yours: (include all dates)

Telephone Numbers: _____
(Home) (Business) (Other)

How long have you resided within the State of Minnesota? _____

How long has the other parent resided within the State of Minnesota? _____

Describe your current residence: type, number of rooms, number of bathrooms, etc. _____

Children:

Name	Age	Birthdate	Social Security Number

With whom do the children currently live: _____

Where and with whom has each child resided over the past five years: _____

Do you want custody of the child/children? _____

Does the other parent want custody of the child/children? _____

Do you believe custody will be disputed?
(Yes) (No)

If so why? _____

What has historically been the parenting time schedule? _____

What is the current parenting time schedule? _____

What do you think the parenting time schedule should be going forward? _____

*If you have minor child/children and custody or parenting time is contested, you are required to attend a education program pursuant to Minn. Stat. §518.157. Approved Parent Education programs can be found at <http://www.mncourts.gov/Help-Topics/Parent-Education.aspx>. After you have completed the course, please provide your attorney with the Certificate of Completion and he/she will file it with the Court.

Are you pregnant or is the other parent pregnant? _____

Has a separate proceeding for custody or paternity been commenced or is a proceeding pending in any other state? _____

Date of Separation: _____

Will either parent be moving in the near future? If so, when? _____

Total payment to/from other parent for child support since separation: _____

Other non-joint children:	Name of Parent	Custody Arrangement
_____	_____	_____
_____	_____	_____

Court File Number: _____

B. JOB HISTORY AND EMPLOYMENT

	You	Other Parent
Current Employment/ Occupation		
Employer		
Address		
Length of time employed there		
Number of exemptions claimed		
Average number of overtime hours worked		
Bonuses of any kind generally received each year (approximate amount each year)		

Employment Benefits:		
a. Health Insurance: Who is covered? Who provides coverage? What is the cost for the children only?		
b. Dental Insurance who is covered? Who provides coverage? What is the cost for the children only?		

Do you anticipate an increase or a decrease in your income or any of your expenses? _____

D. OTHER EMPLOYMENT

Are you employed at any other full or part-time job _____

If so, explain: _____

When did the other full or part time job begin: _____

E. OTHER INCOME

	You	Other Parent
Rental Income		
Dividends and Interest		
Disability Income		
Veteran's Income		
Workers' Compensation		
Unemployment		
A.F.D.C.		
Child Support		
Retirement in Payment Status		
Other _____		

F. PREVIOUS EMPLOYMENT

If you are not currently employed, state:

1. Name of last employer: _____
2. Occupation _____
3. Termination date: _____
4. Annual income when last employed _____
5. Did you have a pension or other retirement benefit for which you may receive funds?

6. Annual income past 5 years (most recent year first): **In lieu of entering the information below, provide state and federal income tax returns for the last 5 years, along with all schedules.**

	Year	You	Other Parent
a. Wages: Other:			
b. Wages: Other:			
c. Wages: Other:			
d. Wages: Other:			
e. Wages: Other:			

G. EDUCATION

1. High School _____ Year of Graduation _____
2. Vocational School _____ Year of Graduation _____
3. College _____ Year of Graduation _____
4. Other training _____
5. If education was obtained during the marriage, state source of funds.

6. Is there the desire to obtain further training or education to obtain different or better employment? _____

H. OTHER PARENT'S EDUCATION

1. High School _____ Year of Graduation _____
2. Vocational School _____ Year of Graduation _____
3. College _____ Year of Graduation _____
4. Other training _____
5. If education was obtained during the marriage, state source of funds.

6. Is there the desire to obtain further training or education to obtain different or better employment? _____

J. CHILD CARE

1. Do your children receive child care? _____
2. Who provides the child care and what is the address? _____
3. What is the cost of the child care? _____
4. Who pays this expense? _____

K. PATERNITY

1. Did you sign a Recognition of Parentage when the child/children were born?

2. If so, do you have a copy? _____
3. Are you listed on the child/children's birth certificate? _____
4. Is there a child support enforcement case or beginning by the County? _____
5. If so, what County, which child/children are involved, and what is the file number? _____

I. CHILDREN

1. Please describe how you and the other parent shared or divided parenting tasks in the past. Has this changed at all in recent months or years? If so, why?

2. What activities are each of your children involved in? Are you and/or the other parent involved? If so, how?

3. Please describe the relationship of each child with each parent.

4. How did you make decisions with the other parent in the past? _____

5. Describe your child's/children's personality/ies. _____

6. Describe any health or physical problems of any of your children, including anticipated dental care:

7. Describe any medical/educational issues:

8. Describe any emotional or behavioral issues:

9. Describe all special needs of your child/children. _____

10. Any cultural or religious issues we should be aware of? _____

11. Do either of you have children from a previous marriage or relationship? If so, state names, ages, and amount of child support received or paid out.

Are there any arrearages? _____ Amount: \$ _____
(Yes) (No)

J. PHYSICAL/MENTAL/CHEMICAL HEALTH

1. List your past and current physical/mental/chemical health problems.

2. List other parent's past and current physical/mental/chemical health problems.

3. Are you currently seeing a therapist? If so, what is the diagnoses (if any) and name of your therapist?

First	Middle	Last
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K. FERTILITY HISTORY AND INFORMATION

Have you or other parent ever been diagnosed as infertile or treated for infertility? _____

If so, provide the name and address of each and every fertility physician who has treated you; and explain in detail the diagnosis and what kind of treatment each physician performed:

Do you or other parent have any stored genetic material (sperm, eggs, and/or embryos)?

If so, for each type of genetic material stored, please state, what type of genetic material is stored, whose genetic material it is; and the name and address of the storage facility at which it is currently stored. _____

Have you or other parent had any children born to you as the result of any fertility treatments?

If so, are the children who were born genetically related to both you and other parent? _____

If not, please identify each such child by name and date of birth, identify by name and address the third party contributor (whether contributor of sperm, egg, or other genetic material); and identify the type of genetic material he or she contributed. _____

Have you completed any legal proceeding to establish your parentage of the children who resulted from your fertility treatments? _____

If so, please state the name and address of any attorneys who represented you in any such proceedings and provide copies of all pleadings and/or court orders issued in connection with any such proceedings. _____

What is your intended use or other disposition of all stored genetic material at this time? _____

L. RELATIONSHIP PROBLEMS

1. Why do you feel that a custody order is necessary?

2. Are you now or have you ever been married? _____

3. Has the other parent ever been married? _____

4. Do you have a significant other? _____

If so, name, age, and address: _____

Is your significant other involved in your child(ren)'s lives? _____

MISCELLANEOUS

Other information not covered by this questionnaire that you believe is important:

DOMESTIC ABUSE: Please check all that applies to you:

Physical/Sexual Abuse	Emotional Abuse	Control of Daily Life	Economic Abuse
<ul style="list-style-type: none"> <input type="checkbox"/> Hold, pin, restrain <input type="checkbox"/> Kneel on or sit upon <input type="checkbox"/> Tie up, bind, gag <input type="checkbox"/> Push, shove, shake <input type="checkbox"/> Grab <input type="checkbox"/> Scratch, pull hair, <input type="checkbox"/> Shave <input type="checkbox"/> Twist arm <input type="checkbox"/> Bite <input type="checkbox"/> Spit on <input type="checkbox"/> Urinate upon <input type="checkbox"/> Slap <input type="checkbox"/> Hit or punch <input type="checkbox"/> Kick or stomp <input type="checkbox"/> Strike or throw object <input type="checkbox"/> Choke or strangle <input type="checkbox"/> Burn <input type="checkbox"/> Poke, stab, cut <input type="checkbox"/> Withhold food <input type="checkbox"/> Withhold medicine <input type="checkbox"/> Disable medical equip. <input type="checkbox"/> Forced sex 	<ul style="list-style-type: none"> <input type="checkbox"/> Insult you/put you down <input type="checkbox"/> Ridicule you in public <input type="checkbox"/> Purposely humiliate you <input type="checkbox"/> Play mind games <input type="checkbox"/> Intimidate you <input type="checkbox"/> Yell or scream at you <input type="checkbox"/> Act aggressively to you <input type="checkbox"/> Get jealous/possessive <input type="checkbox"/> Accuse you of infidelity <input type="checkbox"/> Interfere with: <ul style="list-style-type: none"> <input type="checkbox"/> work/school life <input type="checkbox"/> social life <input type="checkbox"/> sleep <input type="checkbox"/> healthcare/medication <input type="checkbox"/> Threaten to: <ul style="list-style-type: none"> <input type="checkbox"/> kill you or the children <input type="checkbox"/> kill him/herself <input type="checkbox"/> harm you or the children <input type="checkbox"/> harm person you care for <input type="checkbox"/> harm or kill pets <input type="checkbox"/> Destroy things you care for <input type="checkbox"/> Threaten you w/ weapon <input type="checkbox"/> Put your life in danger <input type="checkbox"/> Disable your car <input type="checkbox"/> Drive recklessly to scare you 	<ul style="list-style-type: none"> <input type="checkbox"/> Follow or stalk you <input type="checkbox"/> Often check up on <input type="checkbox"/> Examine mail/email <input type="checkbox"/> Check phone calls <input type="checkbox"/> Hack into email <input type="checkbox"/> Grill you <input type="checkbox"/> Time activities <input type="checkbox"/> Use others as spies <input type="checkbox"/> Invade privacy <input type="checkbox"/> Misuse social media <input type="checkbox"/> Physically restrain <input type="checkbox"/> Forbid you to leave <input type="checkbox"/> Punish you for disobeying <input type="checkbox"/> Arrive unannounced <input type="checkbox"/> Make unwanted contact <input type="checkbox"/> Leave things to scare you <input type="checkbox"/> Make you do things you don't want to do 	<ul style="list-style-type: none"> <input type="checkbox"/> Deny money <input type="checkbox"/> Refuse to pay bills <input type="checkbox"/> Empty bank <input type="checkbox"/> Hide assets <input type="checkbox"/> Destroy your credit <input type="checkbox"/> Deny credit access <input type="checkbox"/> Run up debt <input type="checkbox"/> Forge papers <input type="checkbox"/> Refuse to pass title <input type="checkbox"/> Destroy property <input type="checkbox"/> Steal your property <input type="checkbox"/> Sell your property <input type="checkbox"/> Shut off utilities <input type="checkbox"/> Fail to pay insurance <input type="checkbox"/> Cancel insurance <input type="checkbox"/> Cancel credit cards <input type="checkbox"/> Refuse to work <input type="checkbox"/> Refuse to let you work <input type="checkbox"/> Try to get you fired <input type="checkbox"/> Hide bills <input type="checkbox"/> Hide financial info. <input type="checkbox"/> Constantly return to court

DOCUMENTS TO PROVIDE AT INITIAL CONFERENCE

1. _____ Current paystubs - yours
2. _____ Current paystubs – other parent’s
3. _____ State and federal income tax returns - Five years
4. _____ Health and Dental benefit statements and costs
5. _____ Recognition of Parentage
6. _____ Documentation of any public assistance received
7. _____ Any court orders regarding you and the other party
8. _____ Documentation of the cost of the children’s portion of medical, dental, vision, and any other health-related insurance

MONTHLY EXPENSES

		Monthly Expense
Housing:		
	Mortgage (P&I)	
	Second Mortgage	
	Property Taxes, if separate	
	Home Owner’s Insurance, if separate	
	Association Dues	
	Total Housing	
Home Maintenance & Repairs:		
	House Cleaning	
	Lawn Care/Snow Removal	
	Decorating	
	Home Repairs & Appliances	
	Household Supplies	
	Total Home Maintenance and Repairs	
Utilities:		
	Gas and Electric	
	Telephone	
	Cell Phone	
	Water/Sewage	
	Refuse Disposal	
	Cable/Internet	
	Alarm Service	

	Total Utilities	
Food:		
	Groceries	
	Meals out	
	Total Food	
Clothing and Shoes		
Drycleaning & Laundry		
	Total Clothing and Laundry	
Medical:		
	Medical/Hospitalization Insurance	
	Dental Insurance	
	Disability Insurance	
	Uninsured Medical Expense	
	Uninsured Dental Expense	
	Orthodontia	
	Prescriptions	
	Contact/Eyeglasses	
	Counseling/Therapy	
	Total Medical	
Transportation:		
	Car Payment	
	Gasoline & Oil	
	Maintenance & Repairs	
	License	
	Insurance	
	Parking	
	Motor Clubs (e.g. AAA)	
	Taxi/Bus	
	Total Transportation	
Personal Allowances & Incidentals:		
	Hair Care	
	Cosmetics/Toiletries	
	Total Personal Allowances and Incidentals	
Recreation, Travel & Entertainment:		
	Movies, Plays, Sporting Events	
	Parties/Home Entertainment	
	Vacations	
	Ski/Golf	
	Health Clubs	
	Total Recreation, Travel & Entertainment	
Pet Expense:		
	Food and Supplies	
	Veterinary	

	Total Pet Expense	
Debt Repayment:		
	Attorneys' Fees	
	Total Debt Repayment	
Miscellaneous:		
	Safe Deposit Box	
	Life Insurance	
	Gifts	
	Newspapers & Magazines	
	Church	
	Donations	
	Retirement Savings	
	Education Savings	
	General Savings	
	Postage	
	Spending Money	
	License/Dues	
	Total Miscellaneous	
Dependent Care:		
	Child Care/Daycare	
	Babysitting	
	Children's School Tuition	
	Books	
	Lunches	
	Pictures	
	Field Trips	
	Year books	
	Allowance	
	Tutoring	
	School Supplies	
	School Activities	
	Sports Equipment	
	Musical Instrument	
	Special Interests	
	Summer Camps	
	Miscellaneous	
	College Tuition	
	Total Dependent Care	
	TOTAL MONTHLY EXPENSES	