**People Paralegal**

106 NW F Street, PMB 86

Grants Pass, OR 97526 Website: Peopleparalegal.com

Email: [Denise@peopleparalegal.com](mailto:Denise@peopleparalegal.com)

PH: 541.761.4214

# Custody Questionnaire

RESIDENCY. Father / mother / both parties have/has been an Oregon resident for 6 mos or longer? (write one)

Is either party active in the US military?

**Mother** First Middle Last Name:\_

Maiden Name:

Any former married names:

Current Home Address with county:

Phone number:

Email:

Driver's license No. & State:

Date of birth:

State of birth:

SSN

Race:

Level of education:

Employer’s name, address, phone no.

Is Mother pregnant?

**Father** First Middle Last Name:

Current Home Address with county:

Phone number:

Email:

Driver's license No. & State:

Date of birth:

State of birth:

SSN

Race:

Level of education:

Employer’s name, address, phone no.

**CHILDREN:**

**UCCJEA Information.** □ \_**The child/ren listed above in Paragraph 6 has/have continuously resided in Oregon for the six months preceding the filing of this case.** Starting with the child/ren’s current address/whereabouts, list the places where the minor child/ren of the parties has/have lived in the last five years and the names and current addresses of the persons they lived with at that time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | County, State | Parent(s)/Caretaker | Current Address/ | Which Children |
| From/To |  |  | Contact Address of |  |
|  |  |  | Parent/Caretaker |  |
|  | | | | |
|  | | | | |
|  | | | | |

Use back of page if needed

1. Name (first/middle/last):

Social Security No.:

1. Full Name:

Social Security No.:

1. Full Name:

Social Security No.:

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.:

Number of non-joint children for Father:

Date of birth / age:

Date of birth/age:

Date of birth/age:

Date of birth/age:

# of non-joint children/Mother

**Child Support: Need a total number of overnights per year to compute child support.** Please use the calculator at:

<http://www.oregonchildsupport.gov/calculator/parenting_time/index.shtml>

Father’s gross monthly income before taxes (use 2015 taxes and divide by 12 mos.)

$

Mother’s gross monthly income before taxes (use 2015 taxes and divide by 12)

$

Remember there are 4.33 weeks/month and 173.3 hours of work/month

Daycare costs (average this over the year) Who pays for daycare:

Social security income or SSDI: $

for mother/father, $ child

health insurance for child/ren per month: $ paid by: Mother / Father / both health insurance premium for mother only $\_

health insurance premium for father only $

Is any party or child enrolled in the Oregon Health Plan or Healthy Kids? Yes no Who pays uninsured medical costs for children: Dad Mother 50/50 or % Dad

# CHILDREN / CUSTODY

1. Primary physical custody awarded to: Mother or Father
2. Legal Custody Joint legal custody, Mother, Father
3. Tax credit for dependents: Circle one: Mother or Father

assign one child per parent, Mother claims: , Father claims

(name)

or alternate years; Mother claims all in odd years, Father claims even years.

1. Child support ends when child is 18 yrs or 21 years old (check one)
2. Child support is paid: 1st or 15th day of each month (write one)

# PARENTING PLAN: I have attached a fillable Parenting Plan. Please complete it as you proposed the parenting plan to be implemented.

Once you have completed the questionnaire, please save this to your computer and email it to me as an attachment to: [denise@peopleparalegal.com](mailto:denise@peopleparalegal.com)

Thank you!