

People Paralegal

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

Use back of page if needed

1. Name (first/middle/last): _____ Date of birth / age: _____

Social Security No.: _____

2. Full Name: _____ Date of birth/age: _____

Social Security No.: _____

3. Full Name: _____ Date of birth/age: _____

Social Security No.: _____

4. Full Name: _____ Date of birth/age: _____

Social Security No.: _____

Number of non-joint children for Father: _____ # 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.
4. Child support ends when child is 18 yrs or 21 years old (check one)
5. 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 pdf to your computer and email it to me as an attachment to: denise@peopleparalegal.com

Thank you!