

CUSTODY WORKSHEET
Attorney-Client Privileged Information

CLIENT NAME: _____ DATE: _____

Please fill out this questionnaire and return it as soon as possible.

- Answer each question **completely**.
- Answer each question **truthfully**.
- All information is strictly **confidential**.

If a question does not apply to you, please write "N/A".

Your responses to these questions will help organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

PENDING PROCEEDINGS, OTHER ATTORNEY, AND WHAT BROUGHT YOU TO THIS OFFICE:

1. Are there any court proceedings pending on this matter? _____

2. If so, give name of court, name of judge, date of filing, court docket number, and status of case:

3. Have you consulted or retained any other attorney on this matter before coming to this office?

4. If so, please give name of attorney and date seen: _____

5. Did your spouse/ex-spouse have any other attorney? _____

6. If so, please give name of attorney and date seen: _____

7. Who referred you to this office? _____

SPOUSE INFORMATION

8. Name: _____ Maiden _____

9. Address: _____ City: _____ State: _____

10. Phone: _____ Cell: _____

11. Place of Birth: _____ County: _____ State: _____

12. Date of Birth: _____

13. Color of Eyes: _____ Color of Hair: _____

14. Height: _____ Weight: _____

15. Personal Descriptors (Tattoos, glasses, etc.) _____

16. Social Security : _____

17. Driver's License or ID#: _____ Issue State: _____

18. Place of Employment: _____

Address: _____ Phone: _____

CHILDREN INFORMATION

19. Name and ages of children of the marriage:

Child's Name: _____

Date of Birth: _____ Age: _____

Place of Birth: City _____ County: _____ State: _____

Social Security#: _____ Race: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Place of Birth: City _____ County: _____ State: _____

Social Security#: _____ Race: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Place of Birth: City _____ County: _____ State: _____

Social Security#: _____ Race: _____

20. Names and ages of **OTHER** children outside of the marriage:

Child's Name: _____

Date of Birth: _____ Age: _____

Place of Birth: City _____ County: _____ State: _____

Social Security#: _____ Race: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Place of Birth: City _____ County: _____ State: _____

Social Security#: _____ Race: _____

21. If you are seeking primary custody of the children, please state why you think you should have primary custody. _____

22. Who do the children currently live with? _____

23. What period of time have the children been living with this person? _____

24. Names and addresses of schools the children attend, dates attended, and name of teacher or principal there who is familiar with the children:

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____ Grade: _____

Teacher and/or principal: _____

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____ Grade: _____

Teacher and/or principal: _____

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____ Grade: _____

Teacher and/or principal: _____

CARE OF CHILDREN

If you and your spouse/ex-spouse have shared the responsibilities listed below, please describe the degree to which the responsibilities have been shared: _____

25. Who helps the children get dressed in the morning? _____

26. Who bathes and grooms the children? _____

27. Are any of the children nursing (breast-feeding)? _____

28. Who arranges for getting children together with playmates? _____

29. Who puts the children to bed at night? _____

30. Who prepares meals? _____

31. Who arranges for medical and dental care and takes the children to the doctor? _____

32. Who takes the children to school? _____

33. Who picks the children up from school? _____
34. Who shops for the children's clothes? _____
35. Who transports the children to extracurricular activities? _____
36. Do you or your spouse/ex-spouse participate in recreational or educational activities with the children? If so, describe what and how often: _____

37. Do the children go to church or receive religious training? _____
38. If so, where and from whom? _____
39. Who arranges the children's birthday parties? _____
40. Who helps the children with their homework? _____
41. Who attends parent-teacher conferences? _____
42. Are the children more likely to turn to you or to your spouse/ex-spouse when they have problems?

43. Do you feel the children are closer to you or to your spouse/ex-spouse? _____
44. Are the children in daycare or with a sitter?: _____
45. If so, please give name, address and phone number: _____

46. If so, how many hours per week? _____
47. If so, who arranges for the daycare or sitter? _____
48. Who disciplines the children? _____
49. By what method? _____

50. Has the division of responsibility for taking care of the children changed over the years? _____

If so, please describe: _____

TIME AVAILABLE TO SPEND WITH THE CHILDREN AND PLANS FOR THEIR FUTURE CARE:

51. What are your working hours? _____

52. What time do you leave home? _____

53. What time do you return? _____

54. Do you have flexible working hours? _____

55. Does your work require travel? _____ If so, give details (How often, distances traveled, time away from home, etc.) _____

56. Is your work schedule likely to change in the future? _____

57. If so, what are your plans for child care? _____

58. Describe your housing arrangements, including number of bedrooms: _____

59. What are your spouse's/ex-spouse's working hours? _____

60. What time does your spouse/ex-spouse leave home? _____

61. What time does your spouse/ex-spouse return? _____

62. Does your spouse/ex-spouse's work require travel? _____ If so, give details (How often, distances traveled, time away from home, etc.) _____

63. Is your spouse/ex-spouse's work schedule likely to change in the future? _____

64. What are your spouse/ex-spouse's plans for child care? _____

65. Describe your spouse/ex-spouse's housing arrangements, including number of bedrooms: _____

SPECIAL NEEDS OF THE CHILDREN

66. Do the children have any special or unusual educational or healthcare needs? _____

If so, describe _____

67. Who has worked to meet those needs? _____

68. Are you or your spouse/ex-spouse better able to meet those needs? _____

69. Has the children's academic performance changed in the last few years or months? _____

70. If so, what do you think is the reason for the change? _____

INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN

71. Will it be alleged that you or your spouse/ex-spouse have interfered with the children's relationship with the other parent or spoken badly about the other parent to the children? _____

72. If so, explain: _____

73. Will it be alleged that your or your spouse/ex-spouse have blocked the other parent's visitation with the children? _____

74. If so, give details: (dates, which visitations, how often, etc.) _____

75. Will it be alleged that you or your spouse/ex-spouse have discouraged the children from having a good relationship with a stepparent or a "significant person" in the other parent's life? _____

If so, explain: _____

COOPERATION BETWEEN YOU AND YOUR SPOUSE/EX-SPOUSE

76. How well have you and your spouse/ex-spouse been able to cooperate on matters concerning the children and/or visitation and access to the children? _____

77. To what extent do you and your spouse/ex-spouse share values regarding how the children should be raised, and what type of education and religious training they should have? _____

FREQUENCY OF MOVES AND PLANS TO MOVE

78. Have you or your spouse/ex-spouse moved in the last ten years? _____

79. If so, when and where? (Include moves in the same city) _____

80. Do you or your spouse/ex-spouse plan to move in the near future? _____

81. If so, when and where? _____

82. Does the parent who is not moving oppose the move? _____

83. If so, why? _____

CHILDREN'S PREFERENCES

84. Have the children told you with whom they want to live? _____

85. If so, what is the basis for this preference? _____

86. How strongly do the children feel this way? _____

87. How long have the children felt this way? _____

88. Have the children changed their preference? _____

89. How would you feel about the children talking to the judge about their preferences? _____

CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS

90. How do the children get along with each other? _____

91. How do the children get along with stepparents? _____

92. How do the children get along with stepbrothers and stepsisters? _____

93. Do the children have a particularly close relationship with either or both sets of grandparents? _____

94. Do the children have a strong relationship with anyone else that you believe is important? _____

GOALS

95. What are your future goals with the children and the reasons for your goals? _____

96. To what extent do you believe that you and your spouse/ex-spouse should have joint custody

("shared parental responsibility"), under which you both would share equally in making major decisions affecting the children and/or being with the children for substantial periods of time?

97. What are your spouse/ex-spouse's goals for the children and the reasons for these goals? _____

98. Have you and your spouse/ex-spouse attempted to work out a settlement of the case between yourselves? _____

99. What progress have you made? _____

100. What are your positions? _____

WITNESSES

101. Who do you think would make good witnesses for you, and what do you think their testimony would be? (Example: neighbors, teachers, friends, doctors, babysitters, daycare workers, Clergy and other family members.)

Name: _____

Address: _____

Phone: _____ Work/Cell _____

Name: _____

Address: _____

Phone: _____ Work/Cell _____

102. Who do you think will be witnesses for your spouse/ex-spouse, and what do you think will be their testimony?

Name: _____

Address: _____

Phone: _____ Work/Cell _____

Name: _____

Address: _____

Phone: _____ Work/Cell _____

“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS

If you have answered these questions in another questionnaire, you do not need to answer them again.

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

IF YOU ANSWER **“YES”** TO ANY ONE OF THE QUESTIONS BELOW, PLEASE DESCRIBE THE SITUATION IN DETAIL. (Additional paper attached.)

Will anyone allege that you or your spouse /ex-spouse have done any of the following?

	YOU	SPOUSE OR EX-SPOUSE
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____

Will anyone allege that you or your spouse/ex-spouse have done any of the following?

	YOU	SPOUSE OR EX-SPOUSE
14. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
15. Been hospitalized for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?	_____	_____

If so, describe the children's reaction to the relationship and their feelings about the person or persons involved? _____

20. Had a homosexual/bisexual relationship?	_____	_____
21. Engaged in unusual sexual practices?	_____	_____
22. Had a pregnancy outside of marriage?	_____	_____
23. Had a sexually transmitted disease?	_____	_____
24. Drunk to excess?	_____	_____

If so, what, and how often? _____

25. Other?	_____	_____
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26. If you or your spouse/ex-spouse has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeletons-in-the-closet” questions, describe the situation: _____

27. Have you or your spouse/ex-spouse made any photographs or audio or visual recordings of the other party? _____

If so, describe the content: _____

28. Do you or your spouse/ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____
