



CANNON LAW FIRM

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Custody Questionnaire

Date: _____

Your answers to the following questions are confidential under attorney-client privilege. This information will not be shared with the opposing party or anyone outside the Firm. Your *complete and accurate* responses will save our team time in collecting information and save you money in reducing the billable hours spent working on your case.

Please return this questionnaire to our office as soon as possible. It is crucial that you are open and honest so we may prepare for the worst and seek the best outcome in your case. Answer all the questions relevant to your case. Please mark questions not relevant to your case with "N/A" to notify our team you have responded to that question. Please attach additional sheets with a reference to the section in the questionnaire, if you require more space.

GENERAL INFORMATION

Client's Name: _____	Spouse's Name: _____
Home Phone No. _____	Home Phone No. _____
Work Phone No. _____	Work Phone No. _____
Mobile Phone _____	Mobile Phone _____
E-mail Address: _____	E-mail Address: _____
Address: _____	Address: _____
_____	_____
Soc. Sec. No.: _____	Soc. Sec. No.: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's Address: _____
_____	_____
Salary: _____ Position: _____	Salary: _____ Position: _____
Time with Employer: _____	Time with Employer: _____
Five-year employment history: _____	Five-year employment history: _____
_____	_____
_____	_____

Place of Birth: _____
Birthdate: _____

Place of Birth: _____
Birthdate: _____

CLIENT INFORMATION CONTINUED:

Please state your residential address(es) for the last five (5) years, including all addresses, dates of residence, and reason for leaving:

Date of Marriage to Present Spouse: _____

Place of Marriage: _____

Prior Marriage(s)? _____

Name(s) and Date(s) of Birth of Child(ren) from prior Marriage/Relationship:

PRESENT SPOUSE INFORMATION CONTINUED:

Prior Marriage(s)? _____

Name(s) and Date(s) of Birth of Child(ren) from prior Marriage/Relationship:

PARENT ASSESSMENT

State the three worst things your spouse will say about you: _____

Explain what makes you a good person: _____

Detail what makes you a good parent: _____

State the three best things you can say about your spouse: _____

Detail why (s)he is not a good person: _____

Detail why (s)he is not a good parent: _____

INFORMATION REGARDING CHILDREN OF THIS RELATIONSHIP

CHILD'S FULL NAME	MALE / FEMALE	AGE	DOB	SOCIAL SECURITY NO.	PLACE OF BIRTH
1.					
2.					
3.					
4.					
5.					
6.					

INFORMATION RE CHILDREN SUBJECT TO THIS DIVORCE / CUSTODY CASE

If you want *sole physical custody* of your children, please tell me why you think you should be awarded *sole physical custody*: _____

State why your spouse or ex-spouse should be *denied* physical custody: _____

What is the current living arraignment for your children? _____

School(s) attended by your Child(ren)

SCHOOL NAME & ADDRESS	CHILD'S NAME	GRADE	TEACHER
1.			
2.			
3.			
4.			
5.			
6.			

CARE OF THE CHILDREN

Describe to what extent you and your spouse/ex-spouse have shared responsibility for the activities listed below. Please be specific.

Who helps the children dress in the morning? _____
Who bathes the children and grooms them? _____
Who takes care of the children during the day? _____
Who takes care of the children while you are at work? _____
Who arranges child play dates? _____

CARE OF THE CHILDREN (CONT.)

Who puts the children to bed at night? _____
Who prepares meals? _____
Who schedules doctor's and dental appointments for the children? _____
Who takes the children to school? _____
Who picks the children up from school? _____
Who shops for children clothing? _____
Who participates in extracurricular activities with the children? _____
Describe the name and frequency of activities you and your spouse/ex-spouse participate with your children. _____

Do the children receive religious training? _____ If so, from whom? _____
Who arranges the children's birthday parties? _____
Who helps the children with their homework? _____
Who attends parent-teacher conferences? _____
Would your children turn to you or your spouse/ex-spouse for advice and why? _____

Are the children closer to you or your spouse, why? _____

Are the children in daycare or have a nanny? _____ hours per week? _____
Name, address, phone number of daycare or nanny: _____

DOMESTIC VIOLENCE / ARREST

Have either you or your spouse/ex-spouse been arrested for domestic violence (Y/N): _____
If yes, please give details: _____

Have either you or your spouse been the subject of a VPO (Y/N): _____ If yes, please give

details: _____

Have the police ever been called to your residence due to a domestic disturbance (Y/N): _____

If yes, please give details: _____

OTHER PROCEEDINGS

Have either you or the other parent participated as a party, witness, or any other capacity in any proceeding concerning the custody of your child(ren) in any state (Y/N)? _____ If yes, please detail: _____

Is there any type of custody proceeding concerning your child(ren) now pending in any Court in any state (Y/N)? _____ If yes, please detail: _____

Is there any other person or entity who has physical custody of your child(ren) or claims a right to custody or visitation privileges with respect to your child(ren) (Y/N)? _____ If yes, please detail: _____

INDIAN HERITAGE

Are you of Indian descent (Y/N)? _____ Is your spouse/ex-spouse (Y/N)? _____

Skip to the next section, if you answered no to both questions, otherwise answer the following:

Name of Tribe: _____

Are you or the other parent properly enrolled on the Tribal Rolls (Y/N)? _____

Are the children currently enrolled on the Tribal Rolls (Y/N)? _____

Are the children eligible for membership in an Indian Tribe, if so what tribe? _____

CHILD CARE FOR CHILDREN

Name of the Child Care Provider: _____

Which children are in child care? _____

What is the weekly cost of the child care? \$ _____

Who currently pays for child care? Mother _____ Father _____ DHS _____

Does this amount include additional costs (field trips, birthday parties, etc.) that child care provider charges (Y/N)? _____ If no, what is the average additional cost per month by the child care provider? \$ _____

DHS ASSISTANCE

To your knowledge are any of the children now receiving or previously received assistance from DHS, including TANF, Daycare Assistance or Sooner Care (Y/N)? _____ If yes, list the dates and type(s) of assistance: _____

TEMPORARY CHILD SUPPORT

Have you received or paid any child support since separation (Y/N)? _____ If yes, how much have you received or paid, include dates and amounts: _____

CONTESTED CHILD ISSUES

Will the other parent agree to your proposed **custody or visitation plan** (Y/N)? _____

If yes, please explain: _____

AREAS OF AGREEMENT

Do you think you and your spouse in agreement concerning any of these issues (Y/N)? _____

If yes, please detail what you think you can agree on: _____
