



Child Custody Questionnaire

Your Name: _____

Date: _____

Is there a custody order in place? (circle one) Yes / No - If Yes, from which court?

Are all parties in agreement? (circle one) Yes / No

Other Party's First and Last Name: _____

Their attorney: _____

Address: _____

Phone - HOME: _____ WORK #: _____

S.S. #: _____ ADVERSE D.O.B.: ____/____/____

ACTIVE-DUTY MILITARY? Yes No

Child Information:

Name: _____ Date of Birth: ____/____/____

What is the custody arrangement?

Why do you want to change the custody order?

How do you want the custody order to be?

Have you been through mediation? (circle one) Yes / No