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Child Custody Questionnaire and Worksheet

Client: _____

Please complete this questionnaire. If you spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case.

**ALL INFORMATION IS HELD IN STRICT CONFIDENCE
AND IS SUBJECT TO ATTORNEY CLIENT PRIVILEGE**

CANDOR IS CRITICAL

A. Background Information

1. If you want sole custody, sole managing conservator, in fifty words or less please state why you think you should have sole custody. If necessary, use a separate sheet of paper.

2. With whom do the children currently reside?

3. What is the period of time in which this living arrangement has been in effect?

4. Names and addresses of the schools children attend and name of the teacher at the school who is familiar with the child(ren)

Child 1

a) Name of Child

b) School Attending

c) Address

d) Dates of Attendance

e) Grade

f) Teacher

g) Principal

Child 2

a) Name of Child

b) School Attending

c) Address

d) Dates of Attendance

e) Grade

f) Teacher

g) Principal

Child 3

a) Name of Child

b) School Attending

c) Address

d) Dates of Attendance

e) Grade

f) Teacher

g) Principal

B. Care of the Children

To the extent that boty you and your spouse or ex-spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared.

1. Who helps the children get dressed in the morning:

2. Who bathes the children, grooms them and makes sure that teeth are brushed?

3. Are any of the children nursing?

4. Who takes care of the children during the day?

5. Who arranges for getting the children together with playmates?

6. Who puts the children to bed at night?

7. Who prepares the meals?

8. Who arranges for medical and dental care and takes the children to their appointments? Do both parents attend these appointments?

9. Who takes the children to school?

10. Who picks the children up from school or daycare?

11. Who shops for the children's clothes?

12. What extracurricular activities are your children involved in?

13. Do you or your spouse participate in recreational or educational activities with your children?

a. If yes, please describe the nature of the activities and how often you and your spouse or ex-spouse participate in them?

14. Do your children receive religious training?

a. If yes, from whom?

15. Who arranges the children's birthday parties?

16. Who helps the children with their homework?

17. Who attends parent teacher conferences?

18. Do you feel that the children are closer to you or your spouse or ex-spouse?

19. Are the children in daycare, nanny, or sitter?

20. If yes, how many hours per week?

21. If yes, please state the name, address and telephone number of the daycare or sitter?

22. If yes, who arranges for the daycare or sitter?

23. Who cares for the children when they are ill?

24. Who disciplines the children?

25. By what method?

26. Has the division of responsibility for the child changed over the years?

27. If yes, please describe:

C. Time Available to Spend with the Children and Plans for their Future Care:

1. What are your working hours?

2. What time do you leave home?

3. When do you return?

4. Do you have flexible working hours?

5. Does your work require travel?

6. If yes, what distance, length of time gone and frequency?

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

8. What are your plans for child care?

9. Describe your housing arrangements including number of bedrooms?

10. What are your spouse's or ex-spouse's working hours?

11. What time does your spouse or ex-spouse leave home?

12. What time does your spouse or ex-spouse return home?

13. Are your spouse's or ex-spouse's working hours flexible?

14. Does your spouse or ex-spouse work require travel?

15. If yes, what distances, length of time and frequency?

16. Is your spouse or ex-spouse's work schedule likely to change in the future?

17. What are your spouse's or ex-spouse's plans for child care?

18. Describe your spouse's or ex-spouses housing arrangement including number of bedrooms:

D. Special Needs of the Children

1. Do the children have any special or unusual educational or health care needs?

2. If yes, please describe?

3. Who has worked to meet those needs?

4. Who is better to meet those special needs, you or your spouse/ex-spouse?

5. Has the child's academic performance changed in the last few months or years? If yes, what is the reason for the change?

E. Interference with the Other Parent's Relationship with Children?

1. Have you or your ex-spouse interfered with the child's relationship with the other parent or spoken badly about the other parent to the child? If yes, please explain?

2. Have you or your ex-spouse blocked the other parent's visitation with the children? If yes, please explain, give dates and frequency with which visitation has been blocked.

3. Have you or your ex-spouse discouraged the child from having a relationship with a step-parent or a significant person in the other parent's life? If yes, please explain.

F. Cooperation Between You and Your Spouse or Ex-Spouse

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

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

G. Frequency of Moves and Plans to Move

1. Have you or your ex-spouse moved in the last ten years? If yes, when and where? (Please include all moves within the same city)

2. Do you or your spouse or ex-spouse plan to move in the near future? If yes, when and where?

3. Does the parent who is not moving oppose the move?

H. Children's Preferences

1. Have the children told you who they want to live with?

a. If yes, what is the basis for the preference?

b. If yes, how strong is the preference?

c. If yes, how long has that preference been held?

d. If yes, how would you feel about the children talking to the judge regarding their preferences?

I. Children's Relationship with Other Family Members

1. How do the children get along together?

2. How do the children get along with step-parents?

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

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

5. Do the children have strong relationships with anyone else that you believe is important?

J. Goals

1. What are your future goals with the children and the reason for your goals?

2. To what extent do you believe that you and your spouse or ex-spouse should have joint custody under which you both would share equally in making major decisions affecting the child and/or being with the child for substantial periods of time?

3. What are your spouse's or your ex-spouse's goals with the children and the reason for these goals?

3. Name:

a. How Known:

b. Address

c. Cell Telephone:_____

d. Work Telephone:_____

e. Home Telephone:_____

f. Anticipated Testimony:

4. Name:

a. How Known:

b. Address

c. Cell Telephone:_____

d. Work Telephone:_____

e. Home Telephone: _____

f. Anticipated Testimony:

L. Sensitive Topics

It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics will be protected by the Attorney-Client privilege. If you fail to be honest with me in answering these questions, it could be absolutely disastrous to your case.

If you answer to one of the questions below is “yes,” please describe the situation in detail on a separate sheet of paper.

Have you or your ex-spouse ever (please circle “yes” or “no”)

- | | | |
|--|-----|----|
| 1. Committed a felony: | Yes | No |
| 2. Been Arrested: | Yes | No |
| 3. Abused your spouse? | Yes | No |
| 4. Used illegal drugs? | Yes | No |
| 5. Abused prescription drugs? | Yes | No |
| 6. Abused alcohol? | Yes | No |
| 7. Been arrested or convicted of DWI? | Yes | No |
| 8. Engaged in gambling activities (legal or illegal)? | Yes | No |
| 9. Engaged in other illegal activities? | Yes | No |
| 10. Attempted suicide? | Yes | No |
| 11. Been hospitalized for an emotional or psychiatric disorder? | Yes | No |
| 12. Had a sexual relationship (during or not during the marriage) with someone other than your spouse? Where your children aware of this relationship? | | |

- | | | |
|--|-----|----|
| 13. Had a homosexual relationship? | Yes | No |
| 14. Engaged in unusual sexual practices? | Yes | No |
| 15. Had a pregnancy outside of marriage? | Yes | No |

16. Had a venereal disease?

Yes

No

17. Drink socially, If so, how much do you drink, with what frequency, what kind, and in what setting?

18. If you or your spouse or ex-spouse have a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding questions, please describe below:
