

AKINS, NOWLIN & PREWITT, L.L.P.
CONFIDENTIAL CUSTODY QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

It is imperative that you be candid!!!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Please refer to the question number to which your answer applies and attach your answer to this questionnaire.

Since your answers are being provided to me, you are assured of confidentiality and are protected by the attorney/client privilege. You should not show this form to anyone else!!!

**ATTORNEY/CLIENT PRIVILEGE ASSERTED AS TO ALL
INFORMATION CONTAINED HEREIN**

1. If you want sole custody, or want to have primary possession of the child(ren) as a joint managing conservator, please tell me why you think you should have sole custody, or primary possession of the child(ren):

2. List every reason your spouse should not have sole custody, or primary possession, of the child(ren)

3. List your best and worst traits of parenting:

4. List your spouse's best and worst traits of parenting:

5. To avoid any surprises, list every reason your spouse will say that they should have sole custody, or primary possession. This will include your faults and the worst thing he or she will say about you:

6. With whom do the child(ren) currently live? _____

7. Period of time in which this living arrangement has been in effect:

8. Names and addresses of schools child(ren) attend, dates attended and name of teacher or principal there who is familiar with child:

Child's name: _____ School: _____
Address of school: _____ Phone #: _____
Dates Attended: _____ Grade: _____
Teacher or Principal: _____

Child's name: _____ School: _____
Address of school: _____ Phone #: _____
Dates Attended: _____ Grade: _____
Teacher or Principal: _____

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Child's name: _____ School: _____
Address of school: _____ Phone #: _____

Dates Attended: _____ Grade: _____
Teacher or Principal: _____

9. CARE OF THE CHILD(REN): (To the extent that both you and your spouse (or ex-spouse) have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:)

- a. Who helps the child(ren) get dressed in the morning? _____
- b. Who bathes the child(ren) and grooms them? _____
- c. Are any of the child(ren) nursing? _____
- d. Who takes care of the child(ren) during the day? _____
- e. Who arranges for getting the child(ren) together with playmates? _____
- f. Who puts the child(ren) to bed at night? _____
- g. Who prepares meals? _____
- h. Who arranges for medical and dental care and takes the child(ren) to doctor's appointments? _____
- i. Who takes the child(ren) to school? _____
- j. Who picks the child(ren) up from school? _____
- k. Who shops for the child(ren)'s clothes? _____
- l. Who transports the child(ren) to extracurricular activities? _____
- m. Who participates with the child(ren) in recreational or educational activities?

- n. Describe the nature of the activities and how often you or your spouse or ex-spouse participate in them: _____
- o. Do the child(ren) receive religious training? _____
If so, from whom? _____
- p. Who arranges the child(ren)'s birthday parties? _____
- q. Who helps the child(ren) with their homework? _____

- r. Who attends parent-teacher conferences? _____
- s. Are the child(ren) more likely to turn to you or to your spouse (or ex-spouse) when they have problems? _____
- t. Do you feel the child(ren) are closer to you or your spouse (or ex-spouse)? _____

u. Are the child(ren) in day-care or with a sitter? _____
If so, how many hours per week? _____ Please give name, address
and telephone number of the day-care or sitter: _____

Who arranges for the day-care or sitter? _____

- v. Who cares for the child(ren) when they are ill? _____
- w. Who disciplines the child(ren)? _____
By what method? _____

x. Has the division of responsibility for child care changed over the years? _____
If so, describe: _____

10. TIME AVAILABLE TO SPEND WITH THE CHILD(REN) AND PLANS FOR THEIR FUTURE CARE:

- a. What are your working hours? _____
- b. What time do you leave home? _____
- c. When do you return? _____
- d. Do you have flexible working hours? _____
- e. Does your work require travel? _____ If so, what distance
and amounts of time? _____
- f. Is your work schedule likely to change in the future? _____
- g. What are your plans for child care? _____
- h. Describe your housing arrangements, including number of bedrooms:

- i. What are your spouse's (or ex-spouse's) working hours? _____
- j. What time does your spouse (or ex-spouse) leave home? _____
- k. When does your spouse (or ex-spouse) return? _____
- l. Does your spouse (or ex-spouse) have flexible working hours? _____
- m. Does your spouse (or ex-spouse) work require travel? _____ If so, what distance and amounts of time? _____
- n. Is your spouse (or ex-spouse's) schedule likely to change in the future?

- o. What are your spouse (or ex-spouse's) plans for child care? _____

- p. Describe your spouse (or ex-spouse's) housing arrangements, including number of bedrooms: _____

11. SPECIAL NEEDS OF THE CHILD(REN):

- a. Do the child(ren) have any special or unusual educational or health care needs?
_____ If so, describe them: _____

- b. Who has worked to meet those needs? _____
- c. Are you or your spouse (or ex-spouse) better able to meet those needs?
_____ Why?

- d. Has the child(ren)'s academic performance changed in the last few years or months? _____ If so, what is the reason for the change? _____

- e. Has a psychiatrist or psychologist examined any of the child(ren)?

Name of child(ren) who have seen psychiatrist/psychologist: _____
Name of psychiatrist/psychologist: _____
Address of psychiatrist/psychologist: _____
Telephone number of psychiatrist/psychologist: _____
Dates of examinations: _____

12. INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILD(REN):

a. Have you or your spouse (or ex-spouse) interfered with the child(ren)'s relationship with the other parent or spoken badly about the other parent to the child(ren)? _____ If so, explain: _____

b. Have you or your spouse (or ex-spouse) blocked the other parent's visitation with the child(ren)? _____ If so, explain, giving dates and frequency with which visitation was blocked: _____

c. Have you or your spouse (or ex-spouse) discouraged the child(ren) from having a good relationship with a step-parent or a "significant person" in the other parent's life? _____ If so, explain: _____

13. COOPERATION BETWEEN YOU AND YOUR SPOUSE (OR EX-SPOUSE):

a. How well have you and your spouse (or ex-spouse) been able to cooperate on matters concerning the child(ren) and on matters concerning visitation or access to the child(ren)? _____

b. To what extent do you and your spouse (or ex-spouse) share values regarding how the child(ren) should be raised, what type of education they should have, and what type of religious training they should have (if any)? _____

14. FREQUENCY OF MOVES AND PLANS TO MOVE:

a. Have you or your spouse (or ex-spouse) moved in the last ten years? If so, when and where (include moves in the same city): _____

b. Do you or your spouse (or ex-spouse) plan to move in the near future? _____ If so, when and where? _____

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

15. "SKELETONS IN THE CLOSET" AND SENSITIVE TOPICS:

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 with me in answering these questions, it could be absolutely disastrous to your case.

If an answer to one or more of the questions below is "YES," please describe the situation(s) in detail on a separate sheet of paper and attach it to this questionnaire.

Have you or your spouse (or ex-spouse) ever:

- a. _____ committed a felony?
- b. _____ been arrested?
- c. _____ been in jail or prison?
- d. _____ used illegal drugs?
- e. _____ abused prescription drugs?
- f. _____ abused alcohol?
- g. _____ been arrested for or convicted of driving while intoxicated?
- h. _____ engaged in gambling activities?
- i. _____ attempted suicide?
- j. _____ been hospitalized for an emotional or psychiatric disorder?
- k. _____ suffered from or received treatment for an emotional or psychiatric condition?
- l. _____ abused your spouse?
- m. _____ abused your child(ren)?
- n. _____ had a sexual relationship during the marriage with someone other than your spouse?
- o. _____ had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the child(ren)

were aware? (If so, describe the children's reaction to the relationship and the child(ren)'s feelings about the person involved in the relationship).

- p. _____ had a homosexual relationship?
- q. _____ engaged in unusual sexual practices?
- r. _____ had a pregnancy outside of marriage?
- s. _____ had a venereal disease?
- t. _____ drink socially? If so, what do you drink and with what frequency?

16. If you or your spouse (or ex-spouse) have a relationship with a person whom the child(ren) see frequently, and that person would answer "yes" to one or more of the preceding "skeleton in the closet" questions, describe the situation: _____

17. Do you or your spouse (or ex-spouse) suffer from any physical disability that would interfere with being able to care for the child(ren)? _____ If so, explain: _____

18. Is there any other fact or issue that you are worried your spouse could use against you? _____ If so, explain: _____

19. CHILD(REN)'S PREFERENCES:

- a. Have the child(ren) told you with whom they want to live? _____
- b. If so, what is the basis for the preference? _____
- c. How strong is the preference? _____
- d. How long has the preference been held? _____
- e. Has the preference changed? _____
- f. How would you feel about the child(ren) talking to the judge regarding their preference? _____

20. CHILD(REN)'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:

- a. How do the child(ren) get along with each other? _____
- b. How do the child(ren) get along with stepparents? _____
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- c. How do the child(ren) get along with stepbrothers and stepsisters? _____
-
- d. Do the child(ren) have a particularly close relationship with either or both sets of grandparents? _____ If so, explain? _____
- e. Do the child(ren) have a strong relationship with anyone else that you believe is important? _____ If so, explain: _____

21. GOALS:

- a. What are your future goals with the child(ren) and reasons for these goals?
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- b. To what extent do you believe that you and your spouse (or ex-spouse) should have joint custody (sometimes referred to as "shared parental responsibility") under which you both would share equally in making major decisions affecting the child(ren)?
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-
-
- c. What are your spouse's (or ex-spouse's) future goals with the child(ren) and reasons for these goals? _____
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- d. Have you and your spouse (or ex-spouse) attempted to work out a settlement of the case between yourselves? What proposals have you made? What are your positions?
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22. WITNESSES

Who do you think would make good witnesses for you, and what do you think the testimony would be? Possible witnesses include:

Neighbors who have seen your interaction with your spouse in a favorable light, and who have seen your parenting skills with your child(ren) in a positive, functioning manner;

Friends and/or acquaintances who have seen you interact with your child(ren) in the day-to-day requirements of being a good parent;

Friends and/or acquaintances, including social or business friends, who can testify as to your character, reputation and abilities;

Family members who have seen your parenting skills as they relate to your child(ren), seen your home in a positive, functioning manner, and your interaction with your spouse and child(ren) on a day-to-day basis which reflects you as a good spouse and parent;

School teachers, counselors, or other faculty of the child(ren)'s school who are aware of your positive parenting skills, support, and participation with the child(ren) or babysitter or day-care workers.

Name: _____ Telephone Number: (H):
Address: _____ (W):
Email: _____

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or Facebook/MySpace page?
If so, please attach a copy.

Name: _____ Telephone Number: (H):
Address: _____ (W):
Email: _____

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or Facebook/MySpace page? If so, please attach a copy.

Name: _____ Telephone Number: (H):
Address: _____ (W):

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or MySpace page? If so, please attach a copy.

Name: _____ Telephone Number: (H):
Address: _____ (W):

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or MySpace page? If so, please attach a copy.

Name: _____ Telephone Number: (H):
Address: _____ (W):

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or MySpace page? If so, please attach a copy.

Name: _____ Telephone Number: (H):
Address: _____ (W):

Summary of information you believe witness knows:

Does this witness have an on-line presence, a web page or Facebook/MySpace page?
If so, please attach a copy.

23. Also please list the following for any expert witnesses whom you have consulted in the last five years:

1. Medical Doctors for any significant treatment
2. Psychologists
3. Psychiatrists
4. Counselors
5. Lawyers
6. Ministers
7. Any of the above experts consulted for the chil(ren)

24. ADVERSE WITNESSES:

Make a list of any adverse witnesses you feel your spouse will call to testify against you. Please use the same categories as those listed above and supply information for each which could show any detrimental fact against you.

25. PENDING PROCEEDINGS, OTHER ATTORNEYS, AND WHAT BROUGHT YOU TO THIS OFFICE:

a. Are there any court proceedings pending on this matter? _____ If so, explain:
(Include name of Court, name of Judge, date of filing, court docket number, and status of case:)

b. Have you consulted or retained any other attorneys on this matter before coming to this office? _____ If so, who and when: _____

c. Did your spouse (or ex-spouse) have any other attorneys? _____ If so, who?

d. Who referred you to this office? _____