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CUSTODY QUESTIONNAIRE

Instructions: Please provide all of the following information to the best of your ability.

Date: _____

Please tell us about you:

Last Name First Name Middle Initial Previous Name(s)

Address City County State Zip

Social Sec. # Birthdate Phone Number-Home Phone Number- Cell

Your Employer's Name, Address and Phone Number

Your Position Title Hourly Rate or Annual Salary Employed Since

Highest Level of Education/Degree Attained Institution Year

Are you voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime do you work each week? _____

Please provide your e-mail address: _____

Please tell us about the other party:

Last Name First Name Middle Initial Previous Name(s)

Address City County State Zip

Social Sec. # Birthdate Phone Number-Home Phone Number- Cell

Employer's Name, Address and Phone Number

Position Title Hourly Rate or Annual Salary Employed Since

Highest Level of Education/Degree Attained Institution Year

Is the other party voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime does your spouse work each week? _____

Please tell us about your relationship:

Are you currently living together or have you ever lived together? _____

 If separately, when did the separation occur? _____

How long have you been a resident of Minnesota? _____

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Signature

CHILD CUSTODY AND PARENTING TIME

Children – Please list all joint children born or legally adopted with the other party.

Full Name	Birthdate	Age	Sex	SS #	Living With:

Do you wish to share legal custody of your child(ren) with the other party? (Circle one) Yes No

Do you wish to share physical custody of your child(ren) with the other party? (Circle one) Yes No

Describe your proposed parenting schedule below:

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mom							
Dad							

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mom							
Dad							

Describe your current parenting schedule below:

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mom							
Dad							

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mom							
Dad							

Have you signed a Recognition of Parentage for the minor child(ren)? _____

Have you participated in genetic testing to determine paternity of the child(ren)? _____

Do you wish to establish a Holiday Schedule? (Circle one) Yes No

Describe your proposed Holiday Schedule:

	Odd Years	Even Years
New Year's Day		
Easter		
Memorial Day Weekend: Friday-Monday		
Fourth of July		
Labor Day weekend: Friday-Monday		
Thanksgiving		
Christmas Eve		
Christmas Day		
Mother's Day		
Father's Day		
Other:		

Are you or the other party (circle one) currently pregnant? _____

Do you currently have Health and Dental Insurance available for your child(ren)? (Circle one) Yes No
If yes, please indicate the following:

<u>Who Carries</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Cost for Dependent(s)</u>

Do you currently have or will you be needing childcare? (Circle one) Yes No

If yes, please indicate the monthly cost and who pays this _____

Do you or the other party have any non-joint children? (Circle one) Yes No

If yes, please indicate the following:

Full Name	Birthdate	Age	Sex	Non-Joint child's biological parent (you or other party)	Living With:

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Signature