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Client Information Questionnaire

Child Custody/Paternity/Parenting Time

So that we will be able to answer your questions and handle your case in a prompt and efficient manner it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, please use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please keep a copy for yourself and send us an electronic or hard copy version of the filled out questionnaire.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

1. Full Name _____
2. Present Street Address _____
City _____ County _____ State _____ Zip _____
3. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____
4. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
E-mail: _____ Is E-mail confidential? _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____

8. Religion _____ Race _____
9. Are you presently in the military service? _____

YOUR EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid:
 weekly _____ Every two weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: _____ Married or Single exemption status? _____
9. Deductions from your paycheck:
- | | | |
|-----------------|----------|-----------|
| Federal | \$ _____ | Per _____ |
| State | \$ _____ | Per _____ |
| FICA | \$ _____ | Per _____ |
| Medical/Dental | \$ _____ | Per _____ |
| Other [Specify] | \$ _____ | Per _____ |
10. Describe the type and amount of any other income [overtime, bonuses, commissions, other employment] _____
11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.] _____
12. Do you receive, or expect to receive, any of the following as income:
- | | | |
|---------------------------------------|-----------|----------|
| Public Assistance | _____ Yes | _____ No |
| Social Security Benefits for Yourself | _____ Yes | _____ No |
| Social Security Benefits for Children | _____ Yes | _____ No |
| Unemployment Compensation | _____ Yes | _____ No |
| Worker's Compensation | _____ Yes | _____ No |
| Rental Income | _____ Yes | _____ No |
| Other Income | _____ Yes | _____ No |

If Yes, What: _____

FORMER PARTNER'S PERSONAL INFORMATION:

1. Full Name _____
2. Present Street Address _____
City _____ County _____ State _____ Zip Code _____
3. Home Phone _____ Business Phone _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthdate _____ Age _____
7. Religion _____
8. Is your former partner presently in the military service? _____

FORMER PARTNER'S EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are they regularly paid:
weekly _____ Every two weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: _____ Married or Single exemption status? _____
9. Deductions from your paycheck:
Federal \$ _____ Per _____

State	\$ _____	Per _____
FICA	\$ _____	Per _____
Medical/Dental	\$ _____	Per _____
Other [Specify]	\$ _____	Per _____

10. Describe the type and amount of any other income: [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.] _____

12. Do they receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Children	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

CHILDREN BORN OR ADOPTED DURING THE RELATIONSHIP:

1.	<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. Where were the children born? (city and county) _____

3. Did you and your former partner sign a Recognition of Parentage (ROP) and do you possess a copy of the ROP? _____

4. Who do the children currently live with? _____

5. What has the access schedule been from the birth of the child(ren) to the present?

6. Are you seeking physical custody of the children? _____

7. Do you anticipate that your former partner will be seeking physical custody of the children? _____

8. What type of arrangement and access schedule do you think is in the child(ren)'s best interest and why? Weekends, mid-week, school year, summer, holidays and vacations.

9. Do you or your spouse have any children from a previous or subsequent marriage or relationship?

10. Full Name Age Date of Birth Social Security Number

<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. What type of custody arrangement and access schedule do you have with your other children?

(a) How do your joint children in the present matter get along with your prior or subsequent children?

CHILD CARE COSTS:

1. Do you incur expenses for employment or education related child care? _____
When is the child(ren) in daycare and how much to you pay? _____
Is the daycare expense the same throughout the year? If not, please break down summer/school year, mornings, after school, etc. _____

RELATIONSHIP INFORMATION:

1. Please describe your relationship, including but not limited to how long were you together, where did you live during the relationship, when did the relationship end and why? _____

2. Are you and your former partner currently living together? _____
3. Has there been any domestic abuse during the relationship? _____
4. Is there an Order for Protection in place? _____
5. Has there been any Orders for Protection during the relationship ? _____
6. Are there any mental health concerns in the matter? _____

INSURANCE INFORMATION:

1. Who carries the health insurance for your family? _____
2. What is the name of the insurance company? _____
3. What is the monthly premium? _____
4. What is the cost breakdown between individual and family/dependent coverage:
Individual (Employee):
Spouse:
Child(ren):
Family:

5. What is the nature of the coverage, i.e. 80/20_____
6. What is the amount of the deductible_____
7. Does the policy include dental coverage_____

(a). What is the cost breakdown between individual and family/dependent coverage:

Individual (Employee):

Spouse:

Child(ren):

Family:

You will very likely need to get together a significant amount of financial information including paystubs, tax returns and other financial records so gather up that information and make copies as you get organized. The more organized you are the better. It is also helpful to sketch out what area of agreement you and your former partner have when you return this form as well as how you would like to the ultimate resolution to look. I have also attached a copy of the statute that governs physical and legal custody of minor children. Please read and familiarize yourself with the factors that comprise the best interest standard and think about how you and the facts of your case fit into the legal standard.

Dated:_____

Signature