

Client Name: _____

CUSTODY WORKSHEET

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: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Attorney/Client-Privileged Information

Pending Proceedings, Other Attorneys, and What Brought You to This Office:

1. Are there any court proceedings pending on this matter? _____
2. If so, give name of court, name of judge, date of filing, court docket number, and status of case:

3. Have you consulted or retained any other attorneys on this matter before coming to this office?

4. If so, state who and when: _____
5. Did your spouse or your ex-spouse have any other attorney? _____
6. If so, who? _____
7. Who referred you to this office? _____

Children:

8. If you want primary custody of the children, please state in fifty words or less why you think you should have primary custody.

9. With whom do the children currently live? _____
10. Period of time in which this living arrangement has been in effect:

11. Names and ages of children of the marriage:
Child's name: _____
Date of birth: _____ Age: _____
Child's name: _____
Date of birth: _____ Age: _____
Child's name: _____
Date of birth: _____ Age: _____
12. Names and ages of other children outside of the marriage:
Child's name: _____
Date of birth: _____ Age: _____
Child's name: _____
Date of birth: _____ Age: _____
Child's name: _____
Date of birth: _____ Age: _____

13. Names and addresses of schools children attend, dates attended, and name of teacher or

Attorney/Client-Privileged Information

principal there who is familiar with child:

Child's name: _____
School: _____
Address: _____
Dates attended: _____
Grade: _____
Teacher and/or principal: _____

Child's name: _____
School: _____
Address: _____
Dates attended: _____
Grade: _____
Teacher and/or principal: _____

Child's name: _____
School: _____
Address: _____
Dates attended: _____
Grade: _____
Teacher and/or principal: _____

Care of Children:

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

- 14. Who helps the children get dressed in the morning? _____
- 15. Who bathes the children and grooms them? _____
- 16. Are any of the children nursing? _____
- 17. Who takes care of the children during the day? _____
- 18. Who arranges for getting children together with playmates? _____
- 19. Who puts the children to bed at night? _____
- 20. Who prepares meals? _____
- 21. Who arranges for medical and dental care and takes the children to the doctor? _____
- 22. Who takes the children to school? _____
- 23. Who picks the children up from school? _____
- 24. Who shops for the children's clothes? _____
- 25. Who transports the children to extracurricular activities? _____
- 26. Do you or your spouse or your ex-spouse participate in recreational or educational activities with the children? _____

Attorney/Client-Privileged Information

- 27. Describe the nature of the activities and how often you and your spouse or your ex-spouse participate in them:

- 28. Do the children receive religious training? _____
- 29. If so, from whom? _____
- 30. Who arranges the children's birthday parties? _____
- 31. Who helps the children with their homework? _____
- 32. Who attends parent-teacher conferences? _____
- 33. Are the children more likely to turn to you or to your spouse or your ex-spouse when they have problems?

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

- 35. Are the children in day care or with a sitter? _____
- 36. If so, how many hours per week? _____
- 37. Give name, address, and telephone number of the day-care service or sitter:

- 38. Who arranges for the day care or sitter? _____
- 39. Who cares for the children when they are ill? _____
- 40. Who disciplines the children? _____
- 41. By what method? _____
- 42. Has the division of responsibility for child care changed over the years?

- 43. If so, describe: _____

Time Available to Spend with the Children and Plans for Their Future Care:

- 44. What are your working hours? _____
- 45. What time do you leave home? _____
- 46. When do you return? _____
- 47. Do you have flexible working hours? _____
- 48. Does your work require travel? _____
- 49. If so, describe the frequency, time involved, and distances:

- 50. Is your work schedule likely to change in the future? _____

Attorney/Client-Privileged Information

- 51. What are your plans for child care? _____

- 52. Describe your housing arrangements, including number of bedrooms:

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

- 54. What time does your spouse or your ex-spouse leave home? _____
- 55. When does your spouse or your ex-spouse return? _____
- 56. Are your spouse's or your ex-spouse's working hours flexible?

- 57. Does your spouse or your ex-spouse's work require travel? _____
- 58. If so, describe the frequency, time involved, and distances:

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

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

- 61. Describe your spouse's or your ex-spouse's housing arrangements, including number of bedrooms:

Special Needs of the Children:

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

- 63. If so, describe them: _____

- 64. Who has worked to meet those needs? _____
- 65. Are you or your spouse or your ex-spouse better able to meet those needs?

- 66. Has the children's academic performance changed in the last few years or months?

- 67. If so, what is the reason for the change? _____

Interference with Other Parent's Relationship with Children:

Attorney/Client-Privileged Information

68. Will it be alleged that you or your spouse or your ex-spouse has interfered with the children's relationship with the other parent or spoken badly about the other parent to the children?

69. If so, explain: _____

70. Will it be alleged that you or your spouse or your ex-spouse has blocked the other parent's visitation with the children?

71. If so, explain, giving dates and frequency with which visitation was allegedly blocked: _____

72. Will it be alleged that you or your spouse or your ex-spouse has discouraged the children from having a good relationship with a stepparent or a "significant person" in the other parent's life?

73. If so, explain: _____

Cooperation between You and Your Spouse or Ex-Spouse:

74. 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?

75. 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?

Frequency of Moves and Plans to Move:

76. Have you or your spouse or your ex-spouse moved in the last ten years?

77. If so, when and where? (Include moves in the same city.) _____

Attorney/Client-Privileged Information

78. Do you or your spouse or your ex-spouse plan to move in the near future?

79. If so, when and where? _____

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

81. Why? _____

Children's Preferences

82. Have the children told you with whom they want to live? _____

83. If so, please answer these questions:

What is the basis for the preference? _____

How strong is the preference? _____

How long has the preference been held? _____

Has the preference changed? _____

How would you feel about the children's talking to the judge about their preferences?

Children's Relationship with Other Family Members:

84. How do the children get along with each other? _____

85. How do the children get along with stepparents? _____

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

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

88. Do the children have a strong relationship with anyone else that you believe is important?

Goals:

Attorney/Client-Privileged Information

89. What are your future goals with the children and the reasons for your goals?

90. 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 children and/or being with the children for substantial periods of time?

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

92. Have you and your spouse or ex-spouse attempted to work out a settlement of the case between yourselves?

93. What progress have you made?

94. What are your positions?

Witnesses:

95. Who do you think would make good witnesses for you, and what do you think the testimony would be? (Possible witnesses include neighbors, the children's teachers, friends, doctors, baby-sitters, day-care workers, clergy, and family members.)
Name: _____
Address: _____
Home phone: _____
Work phone: _____

Name: _____
Address: _____
Home phone: _____
Work phone: _____

Attorney/Client-Privileged Information

Name: _____
Address: _____
Home phone: _____
Work phone: _____

96. Who do you think will be witnesses for your spouse or ex-spouse, and what do you think will be the testimony of those persons?

Name: _____
Address: _____
Home phone: _____
Work phone: _____

Name: _____
Address: _____
Home phone: _____
Work phone: _____

"Skeletons In the Closet" and Sensitive Topics:

If you have answered these questions in another questionnaire, you need not answer them again.

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 IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

IF AN ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES," PLEASE DESCRIBE THE SITUATION IN DETAIL.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

Attorney/Client-Privileged Information

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____

Attorney/Client-Privileged Information

18. Had a sexual relationship during the marriage with someone other than own spouse?

19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?

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

	You	Your spouse or ex-spouse
20. Had a homosexual/bisexual relationship?	_____	_____
21. Engaged in unusual sexual practices?	_____	_____
22. Had a pregnancy outside of marriage?	_____	_____
23. Had a sexually transmitted disease?	_____	_____
24. Drunk to excess? If so, what and how often?	_____	_____
25. Other?	_____	_____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

29. If so, describe the content:

