

CHILD CUSTODY, CHILD SUPPORT, LEGITIMATION QUESTIONNAIRE

___ Father / ___ Mother

___ Plaintiff / ___ Defendant

1. CLIENT

Name: _____

Address.: _____

_____ County: _____

***Mailing Address (if different): _____

_____ County: _____

Email Address: _____

Phone #: (home) _____ (mobile) _____

Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

2. OTHER PARTY (Please Circle)

Name: _____

Address.: _____

_____ County: _____

Email Address: _____

Phone #: (home) _____ (mobile) _____

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Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

3. OTHER PARTY'S ATTORNEY (If Applicable, Please Circle)

Name of Attorney: _____

Address.: _____

Phone #: _____

Email Address: _____

4. RELATIONSHIP

Date Relationship Began: _____

Date of Separation: _____

Details of Separation: _____

Previous Divorce(s), Legal Separation(s), Annulment(s)? _____ YES _____ NO

Count/State where suit was filed Date Commenced Date Finalized

Count/State where suit was filed Date Commenced Date Finalized

5. CHILD(REN)-This Relationship

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently expecting another child? _____ YES _____ NO

Has DNA been completed on the minor child(ren)? _____ YES _____ NO

Has the Father signed Birth Certificate? _____ YES _____ NO

Has the Father completed Petition for Legitimation (Documentation filed in Court granting Legal Rights to Father not the same as Child Support)? _____ YES _____ NO

Is there an Order of Child Support in any Court? _____ YES _____ NO

County: _____; Child Support Amount: _____; Date Order

Entered: _____; How Payment is Received: _____

7. CHILD(REN) – (Previous Relationship)

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has DNA been completed on the minor child(ren)? _____ YES _____ NO

Is there an Order of Child Support in any Court? _____ YES _____ NO

County: _____; Child Support Amount: _____; Date Order

Entered: _____; How Payment is Received: _____

Do you want...

Custody of minor children? _____ YES _____ NO

Child Support? _____ YES _____ NO

Visitation? _____ YES _____ NO

Alimony? _____ YES _____ NO

Name Change? _____ YES _____ NO

8. PREVIOUS LEGAL MATTERS

Has a complaint/petition for custody, child support, and/or legitimation been filed? _____ YES
_____ NO

Who filed? _____

When was it filed? _____

When is the Answer due? _____

Has an Answer been filed? _____

County filed in: _____

Case #: _____

Judge: _____

Has there ever been any family violence action filed between the parties? _____ YES _____ NO

Who filed? _____

When was it filed? _____

County filed in: _____

Case #: _____

Judge: _____

Resolution of Case? _____

Facts of the Case? _____

9. MONTHLY INCOME AND DEDUCTIONS OF THE PARTIES

<u>MONTHLY GROSS INCOME</u>	<u>CLIENT</u>	<u>OTHER PARTY</u>
Salary, Wages, Commissions, Tips	\$ _____	\$ _____
Allowances	\$ _____	\$ _____
Salary paid (i.e. paid weekly / bi-weekly)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment / Disability Compensation	\$ _____	\$ _____
Welfare / AFDC	\$ _____	\$ _____
Child Support / Alimony (previous marriage)	\$ _____	\$ _____
Dividends / Interest	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____

MONTHLY DEDUCTIONS

	<u>CLIENT</u>	<u>OTHER PARTY</u>
Number of exemptions claimed	_____	_____
State and Federal Taxes	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Other Insurance	\$ _____	\$ _____

MONTHLY LIVING EXPENSES

MONTHLY HOUSEHOLD EXPENSES -

	<u>CLIENT</u>	<u>OTHER PARTY</u>
Rent or Mortgage	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Homeowner / Renter Insurance	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____
Garbage / Sewer	\$ _____	\$ _____
Telephone		
Residential	\$ _____	\$ _____
Cellular / Mobile	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Home Repairs/Maintenance	\$ _____	\$ _____
Lawn Care	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____
Cable TV / Satellite	\$ _____	\$ _____
Internet Service Provider	\$ _____	\$ _____
Misc. Household & Grocery Items	\$ _____	\$ _____
Meals Outside of Home	\$ _____	\$ _____
Other (Please List)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\$ _____ \$ _____

MONTHLY AUTOMOBILE EXPENSES –

CLIENT

OTHER PARTY

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

OTHER VEHICLES (boats, trailers, RV's, etc...)

CLIENT

OTHER PARTY

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

MONTHLY CHILDREN'S EXPENSES

CLIENT

OTHER PARTY

• Child Care (total monthly cost)	\$ _____	\$ _____
• School Tuition	\$ _____	\$ _____
• Tutoring	\$ _____	\$ _____
• Private Lessons	\$ _____	\$ _____
• School Supplies	\$ _____	\$ _____
• Lunch Money	\$ _____	\$ _____
• Other Educational Expenses (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
• Allowance	\$ _____	\$ _____
• Clothing	\$ _____	\$ _____
• Diapers	\$ _____	\$ _____
• Medical/Dental/Prescriptions	\$ _____	\$ _____

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• Grooming/Hygiene	\$ _____	\$ _____
• Gifts (from children to others)	\$ _____	\$ _____
• Entertainment	\$ _____	\$ _____
• Activities (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
• Summer Camp	\$ _____	\$ _____

OTHER INSURANCE

CLIENT

OTHER PARTY

Health	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Vision	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Life	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Disability	\$ _____	\$ _____

OTHER EXPENSES

CLIENT

OTHER PARTY

Dry Cleaning / Laundry	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical/Dental Prescriptions (out of pocket expenses)	\$ _____	\$ _____
Gifts (Special Holidays)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Recreational Expenses	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Travel Expenses for Vacations	\$ _____	\$ _____
Publications	\$ _____	\$ _____
Dues / Clubs	\$ _____	\$ _____
Religious / Charities	\$ _____	\$ _____

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Pet Expenses	\$ _____	\$ _____
Alimony Paid to Former Spouse	\$ _____	\$ _____
Child Support Paid for Other Children	\$ _____	\$ _____
Date of Initial Order	_____	_____
Other (Please List)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Does this Case involvement the Department of Family and Children Services (“DFCS”) and/or Department of Aging Services? ___YES ___NO

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

This _____ day of _____, 20_____.

Client Signature