

Robert G. Wellon

Attorney and Counselor at Law
Suite 2323, Promenade II
1230 Peachtree Street, N.E.
Atlanta, Georgia 30309
rob@wellonfamilylaw.com
404-873-3700 Telephone
404-876-2555 Facsimile

CONFIDENTIAL CUSTODY QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully, completely and honestly. 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: Simply refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your response to these questions will help to organize your case and will save litigation expenses in trying to gather and assemble information after the case is in progress.

Date: _____

1. BACK GROUND INFORMATION:

About you:

Your Name:

Address:

Telephone Number:

Birth Date and Birthplace:

Social Security Number: _____ Drivers License Number:

Employer: _____ Telephone Number:

Employer's

Address: _____

Salary: _____ Position: _____ How Long with Present Employer:

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage:

Date of Marriage to Present Spouse and Place of Marriage: _____

About Your Present Spouse

Spouse's Name:

Address:

Telephone Number:

Birth Date and Birthplace:

Social Security Number: _____ Drivers License Number:

Employer: _____ Telephone Number:

Employer's

Address: _____

Salary: _____ Position: _____ How Long with Present Employer:

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage:

2. If this case involves a Modification of Custody then answer this question.

About Ex-spouse

Ex-Spouse's Name:

Address:

Telephone Number:

Birth Date and Birthplace:

Social Security Number: _____ Drivers License Number:

Employer: _____ Telephone Number:

Employer's

Address: _____

Salary: _____ Position: _____ How Long with Present Employer:

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage:

3. Please state your employment history for the last five (5) years:

place of employment dates of employment reason for leaving

4. If this case involves a Modification of Custody then answer this question.

Please state your ex-spouse's employment history for the last five (5) years:

place of employment dates of employment reason for leaving

5. Please state your residence address for last five (5) years.

address dates of residence reason for leaving

6. If this Case Involves a Modification of Custody Then Answer this Question.

Please state your ex-spouse's residence address for last five (5) years.

address dates of residence reason for leaving

7. Information about divorce from ex-spouse (if this is an action for modification):

Date of Divorce: _____ Place of
Divorce: _____

Court: _____ Case No.: _____ Previous Attorney:

Who awarded custody of children?

Have there been any changes in custody, visitation, or support - formally or informally, if so explain:

State why and how you want to modify the prior order of the court:

8. Specific critiques of parents:

(a) State the three worse things your (ex-)spouse will say about you.

(b) Detail why you are a good person.

(c) Detail why you are a good parent.

(d) State the three best things you can say about your (ex-)spouse.

(e) Detail why (s)he is not a good person.

(f) Detail why (s)he is not a good parent.

9. Basic information about children subject to this suit.

NAME _____

SOCIAL SECURITY NO. _____

SEX _____

BIRTHPLACE

DATE OF BIRTH

If you want sole custody of your children, please tell me why you think you should have sole custody:

State why you think your spouse or ex-spouse should not be awarded custody.

With whom do the children currently live, and for what length of time?

10. NAME AND ADDRESS OF SCHOOLS CHILDREN HAVE ATTENDED, DATE OF ATTENDANCE AND THE NAME OF TEACHER OR PRINCIPAL WHO IS FAMILIAR WITH

EACH CHILD:

11. CARE OF THE CHILDREN:

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:

Who helps the children get dressed in the morning?

Who bathes the children and grooms them?

Who takes care of the children during the day?

Who takes care or would take care of the children while you are at work?

Who arranges for getting the children together with playmates?

Who puts the children to bed at night?

Who prepares the meals?

Who arranges for medical and dental care and takes the children to doctor's appointments?

Who takes the children to school?

Who picks the children up from school?

Who shops for the children's clothes?

Who transports the children to extracurricular activities?

Do you or your spouse participate in recreational or educational activities with the children?

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

Do the children receive religious training? _____ If so, from whom?

Who arranges the children's birthday parties?

Who helps the children with their homework?

Who attends parent-teacher conferences?

Are the children more likely to turn to you or to your spouse or ex-spouse when they have problems?

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

Are the children in day-care or with a sitter? _____ If so, how many hours per week?

Give name, address and telephone number of the day care service or sitter:

Who arranges for the day care or sitter?

Who cares for the children when they are ill?

Who disciplines the children and describe discipline?

Has the division of responsibilities for the child care changed over the years, if so describe?

12. TIME AVAILABLE TO SPEND WITH THE CHILDREN AND PLANS FOR THEIR

FUTURE CARE:

What are your working hours, time leave home and time return home?

Do you have flexible working hours, if so describe?

Does your work require travel, if so state distance and amounts of time?

Is your work schedule likely to change in the future?

What are your plans for child care?

Describe your housing arrangements, sleeping arrangements including number of bedrooms:

What are your spouse/ex-spouse working hours, time leave home and time return home?

Do your spouse/ex-spouse have flexible working hours, if so describe?

Does your spouse/ex-spouse work require travel, if so state distance and amounts of time?

Is your spouse/ex-spouse work schedule likely to change in the future?

What are your spouse/ex-spouse plans for child care?

Describe your spouse/ex-spouse housing arrangements, sleeping arrangements including number of bedrooms:

13. SPECIAL NEEDS OF THE CHILDREN:

Do the children have any special or unusual educational or health care needs, if so describe them: _____

Who has worked to meet those needs?

Are you or your spouse or ex-spouse better able to meet those needs?

Have the children's academic performance changed in the last few years or months, if so what is the reason for the change?

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

IF ANY ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES", PLEASE DESCRIBE THE SITUATION IN DETAIL. PROVIDE DOCUMENTARY PROOF IF AVAILABLE AND/OR INDICATE WHERE THAT INFORMATION CAN BE OBTAINED.

Use your name, spouse or ex-spouse name with "yes" answers, if answer is "no" mark as such.

committed a felony

been arrested

been in jail or prison

used illegal drugs

abused alcohol

been arrested or convicted for drunk driving or use of drugs

engaged in any other illegal activities

attempted suicide

been hospitalized for emotional or psychiatric disorder

suffered from or received treatment for an emotional or psychiatric condition

taking any type of prescription drug ,if so name and for what

abused your spouse

accused of abusing your spouse

abused your child sexually

accused of abusing your child sexually

Had a sexual relationship during or not during the marriage with someone other than spouse of which the children were aware, if so, describe the children's feelings about the person(s) involved in the relationship.

had a homosexual relationship

engaged in unusual sexual practices

had a pregnancy outside of marriage

had an abortion

had a venereal disease

drink socially; if so, what do you drink and with what frequency

If you or your spouse or ex-spouse have 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:

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

15. CHILDREN'S PREFERENCES:

Have the children told you with whom they want to live, if so, what is the basis for preference?

How strong is the preference?

How long has the preference been held?

Has the preference changed?

How do you feel about the children talking to the judge regarding their preference?

Have you noticed any change in any of the children's behavior that is unusual or causes you concern, if so, name child and describe in detail?

16. KEEP A DAILY JOURNAL. YOU SHOULD USE A CALENDER WHICH HAS A COMPLETE BLANK PAGES FOR EACH DATE, I.E. 5X7 OR 8X10. MAKE A POINT TO LIST SIGNIFICANT EVENTS, DISCUSSING WITH YOUR SPOUSE, (EX-SPOUSE IF THIS IS A MODIFICATION SUIT), VISITATION EXCHANGES, ETC. ON THE DATE AND TIME IT ACTUALLY HAPPENED.

End of Questionnaire