

WASHTENAW COUNTY FRIEND OF THE COURT CUSTODY & PARENTING TIME QUESTIONNAIRE

Case Number: _____ Date: _____

Your Name: _____ Date Of Birth: _____

Address: _____

Telephone No.: (Home) _____ (Work) _____

Attorney's Name: _____

Name of Spouse/Other Parent _____

CHILD(REN)'S NAME, BIRTH DATE, SOCIAL SECURITY NUMBER

_____	_____
_____	_____
_____	_____

Describe your child(ren). _____

How do you show your child(ren) affection? _____

What activities do you share with your child(ren)? _____

How many hours a day do you spend with your child(ren)? _____

How many hours a day does the other parent spend with the child(ren)? _____

Who usually prepares meals? _____ How often does the other parent prepare meals? _____

Who usually stays home from work when a child is sick? _____

Who takes the child(ren) to the doctor, dentist or for other medical care? _____

What responsibilities does the child(ren) have in your home? _____

What expectations do you have for your child(ren) regarding proper behavior? _____

What forms of discipline do you use? _____

Do you and the child's other parent agree on discipline? If not, explain the differences.

What religion, if any, do you practice? _____

Are the child(ren) being raised in a particular faith? _____

If so, do you and the other parent agree on the child's religious training? _____

If not, explain your differences _____

LIVING ARRANGEMENTS

How long have you lived at your current address? _____

Type of home? _____ Number of rooms? __ Number of bedrooms? ____

Are you buying or renting? _____ Amount per month? _____ Who pays? ____

Who lives in this house?

Name Age Relationship

Name Age Relationship

Who sleeps in each bedroom?

List all previous addresses for the last three years:

Dates Reason for moving

Will anyone be moving into the home? If yes, who, when & why? _____

Are you planning to move? _____ If so, where? _____

How long has the current unit lived together? _____

Are you currently dating anyone on a regular basis? _____ state the person's name, address, marital status, any future plans and the relationship the person has with your children?

Does the person you are dating have any children? _____

If so, please state:

Name	Birth Date	Where Children Live
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or the other parent pregnant? . _____ If so, when is the child expected? _____

Name of the expected child's father? _____

Do you have any problem with the current living arrangements of the other parent? If so, explain the problem.

Has either parent remarried? _____ If so, when? _____

Does either parent plan to marry in the future? _____ If so, when? _____

Describe the child(ren)'s relationship with the step-parent, proposed step-parent or significant other person. If any new siblings are involved or proposed, describe the child(ren)'s relationship with them. (list person, relationship to you or the other parent and the relationship of the child(ren) to that person)

Do you believe you are morally fit? _____ Do you believe the other parent is morally fit? _____

If not, explain _____

Do you or the other parent have any history or current use of drugs or alcohol? ___ If so, provide details.

Have you or the other parent ever been arrested or convicted of a misdemeanor or felony? If so, provide:

Date

Nature of Offense

Sentence

You: _____

Other: _____

Have you or the other parent ever been convicted of driving while under the influence of alcohol or any other substance or reckless driving? If so, provide the date and details.

Are you currently taking any prescribed medication? If so, provide the names and addresses of the doctor, counselor or therapist:

Have you participated in any substance abuse related programs? _____

If so, when, where & why? _____

Have you or the other parent ever been investigated by Protective Services for neglect or abuse? ____

Date

Office Conducting Investigation

Status

You: _____

Other: _____

What schools are your children attending?

Child's Name and present grade level

School Attended

Who usually attends the child(ren)'s school conferences? _____

Who usually goes to the child(ren)'s open houses and school performances? _____

Are the child(ren) involved in extra-curricular activities? _____

If so, describe your involvement. _____

Was there any domestic violence in your relationship with the other parent?

If so, describe what type of violence is occurring? _____

Are there any police reports of the violence? _____ If so, attach copies of these reports to this form.

Have you or the other parent ever been convicted of assault and battery or stalking? _____

Are there any charges pending? _____

If so, in which Court? _____ When is the trial date? _____

Do you feel your child(ren) have a preference about where they would like to live or how much time they would like to spend with each parent? _____

What do you feel would be the best parenting plan for your child(ren)? Include any holidays that are important to your family: _____

If you are requesting custody of the child(ren), why do you feel you would be the better parent to have custody of the child(ren)? _____

I request services under the child support enforcement services of Title IV-D of the Social Security Act.

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

Signature

Date