

PARDUE LAW GROUP PLLC
CONFIDENTIAL DISSOLUTION/CUSTODY QUESTIONNAIRE

CLIENT:

1. Name: _____
2. Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Other phone: _____
E-Mail Address: _____ SSN: _____
Date of Birth: _____ County and State of Birth: _____
County of Residence: _____ Race: _____
Have you been a resident of Kentucky for at least the past 6 months? _____
Number of Prior Marriages: _____
3. Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Usual Job or Skill: _____ Salary/pay period: _____
Highest Level of Education: _____
Other Income from any source (type, amount, frequency): _____

SPOUSE/OPPOSING SIDE:

4. Name: _____
5. Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Other phone: _____
Date of Birth: _____ County and State of Birth: _____
County of Residence: _____ Race: _____
Have they been a resident of Kentucky for at least the past 6 months? _____
SSN: _____
Number of Prior Marriages: _____
6. Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Usual Job or Skill: _____ Salary/pay period: _____

Highest Level of Education: _____

Other Income from any source (type, amount, frequency): _____

If opposing party is represented by an attorney, please list”

Attorney’s Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

OTHER INFORMATION:

7. Wife’s full maiden name: _____

Want restored?: _____

8. Date of Marriage: _____

County and state of marriage: _____

Date of Separation: _____

9. Is wife pregnant?: _____

CHILDREN:

10. Names, birth dates and social security numbers of children born of both parties together:

Name	DOB	M/F	SSN (required info.)
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_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

11. Special needs of the above child/children:

12. Places where children have lived in the past five (5) years, **starting with where they live now and with whom:**

CURRENT:

Address: _____

With Whom: _____

Dates: _____

Address: _____

With Whom: _____

Dates: _____

Address: _____

With Whom: _____

Dates: _____

13. Have you participated as a witness, or in any other capacity in any litigation concerning custody of the children in Kentucky or any other state? _____

If "yes," give the details about such custody litigation (where, when, who):

14. Do you have any information regarding any custody proceedings concerning the children pending in a court of Kentucky or any other state? _____

If "yes," give the details about such custody litigation (where, when, who):

15. Do you know of any person (not your spouse) who has physical custody of the child/children or claims to have custody or visitation rights with respect to the child/children? _____

If "yes," give the details about such person, including name, address, and the claim:

16. Do you have any children who are not also the children of your current spouse?

If "yes," please provide the names, dates of birth, and where the children currently live:

Name	DOB	Address
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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17. Does your spouse have any children who are not also your children? _____

If "yes," please provide their names, dates of birth, and where the children currently live:

Name	DOB	Address
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_____	_____	
_____	_____	
_____	_____	

18. Please complete the attached Mandatory Case Disclosure Form, 510-MCD.

PRIOR DISSOLUTION ACTIONS:

19. Is this the first time that either you or your spouse filed to dissolve your marriage?: _____

If "no," please list:

Date of prior filing: _____

Place of Prior filing: _____

Case Number: _____

20. If you were previously married to someone other than your current spouse, please list:

Date that prior marriage was dissolved: _____

Place that prior marriage was dissolved: _____

Case number of prior dissolution action: _____

21. If your spouse was previously married to someone other than you, please list:

Date that prior marriage was dissolved: _____

Place that prior marriage was dissolved: _____

Case number of prior dissolution action: _____

22. Health Insurance Premium paid on children and by whom: \$_____ paid by

_____.

23. Maintenance payments currently being made: \$_____

24. Other Child Support currently being paid: \$_____

25. Cost for child care: \$_____ (weekly, bi-weekly, monthly)

For Office use Only:

ACTION TO BE TAKEN:

Petition _____

Where is Respondent to be served & how? _____

Custody Motion _____

Support Motion _____

Maintenance Motion _____

Vacate Residence Motion _____

Advance Attorney Fees _____

Other

SPECIAL INSTRUCTIONS: