



**HESS &
JENDRO**
LAW OFFICE, P.A.

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PARENTAGE/CUSTODY/CHILD SUPPORT

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: _____

Who referred you to our office? _____

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____
2. All previous names you have ever used _____
3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____
(City/State/County)
8. Religion _____
9. Provide a picture of yourself, the other parent party and each child (can be separate pictures).

10. Education:
- a. High School (name) _____
Date graduated or last grade completed _____
- b. VoTech, College, or Post Graduate _____
Date Graduated _____
Name of School _____
Degree _____
If you did not complete Degree, please state number of credits acquired and area of study _____
11. Present Health _____
12. State if you have any medical/psychological condition (such as diabetes) _____
13. Do you take any medication on a daily basis? ____ yes ____ no; if so, what _____

14. Are presently in the Military Service of the U.S.? _____
15. Name and telephone number of person (other than your spouse) who will know where you can be reached _____
Relationship to you _____
16. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

YOUR EMPLOYMENT INFORMATION

Please provide last 3 months of paycheck stubs and last 5 years of tax returns

1. Employer _____
2. Address, City, State, Zip _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid:
Weekly _____ Every 2 weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings _____ Per _____

7. Net Earnings _____ Per _____

8. Deductions from your paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other (specify) \$ _____ Per _____

Retirement/Pension/401k \$ _____ Per _____

9. Describe the type and amount of other income (overtime, bonuses, commissions, other employment) _____

10. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)

11. Describe your prior work experience (what, when & where) _____

12. Do you receive, or expect to receive, any of the following as income:

- Public Assistance _____ Yes _____ No
- Social Security Benefits for Yourself _____ Yes _____ No
- Social Security Benefits for Child(ren) _____ Yes _____ No
- Unemployment Compensation _____ Yes _____ No
- Military or Naval Retirement Benefits _____ Yes _____ No
- Annuity payments _____ Yes _____ No
- Workers' Compensation _____ Yes _____ No
- Rental Income _____ Yes _____ No
- Other Income _____ Yes _____ No
- Inheritance _____ Yes _____ No

If Yes, what: _____

OPPOSING PARTY'S PERSONAL INFORMATION

1. Full Name _____

2. All previous names your spouse has ever used _____

3. Present Street Address _____

City _____ County _____ State ____ Zip _____

4. Home Phone _____ Work Phone _____

Cell _____ Email Address: _____

5. Social Security Number _____

6. Length of Residence in Minnesota _____

7. Birthplace _____ Birthdate _____ Age _____
(City/State/County)

8. Religion _____

9. Education:

a. High School (name) _____
Date graduated or last grade completed _____

b. VoTech, College, or Post Graduate _____
Date Graduated _____
Name of School _____
Degree _____
If you did not complete Degree, please state number of credits acquired and area
of study _____

10. Present Health _____

11. State if your spouse any medical/psychological condition (such as diabetes) _____

12. Does your spouse take any medication on a daily basis? ____ yes ____ no; if so, what

13. Is your spouse presently in the Military Service of the U.S.? _____

OPPOSING PARTY'S EMPLOYMENT INFORMATION

Please provide last 3 months of paycheck stubs and last 5 years of tax returns

1. Employer _____

2. Address, City, State, Zip _____

3. Occupation _____

4. Length of Time with this Employer _____

5. How often is your spouse regularly paid:
Weekly _____ Every 2 weeks _____ Twice per month _____ Monthly _____

6. Gross Earnings _____ Per _____

7. Net Earnings _____ Per _____

8. Deductions from your spouse's paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other (specify) \$ _____ Per _____

Retirement/Pension/401k \$ _____ Per _____

9. Describe the type and amount of opposing party's other income (overtime, bonuses, commissions, other employment) _____

10. Describe all other employment benefits of the opposing party (car, car allowance, meals, memberships, etc.) _____

11. Describe your opposing party's prior work experience (what, when & where)

12. Does your opposing party receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Military or Naval Retirement Benefits	_____ Yes	_____ No
Annuity payments	_____ Yes	_____ No
Workers' Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, what: _____

CHILDREN BORN OF YOUR RELATIONSHIP WITH OPPOSING PARTY

(Do not list children from previous marriage or other relationships):

1. Children:

- a. Name: _____ DOB: _____ Age: _____
SSI No: _____ Hospital born at (name & city): _____
- b. Name: _____ DOB: _____ Age: _____
SSI No: _____ Hospital born at (name & city): _____
- c. Name: _____ DOB: _____ Age: _____
SSI No: _____ Hospital born at (name & city): _____
- d. Name: _____ DOB: _____ Age: _____
SSI No: _____ Hospital born at (name & city): _____

CHILDREN FROM A PREVIOUS MARRIAGE OR RELATIONSHIP

- 2. Do you have any other children? If yes, how many. _____ Yes (____) _____ No
 - a. Name: _____ DOB: _____ Age: _____
 - b. Name: _____ DOB: _____ Age: _____
- 3. Does the opposing party have any other children? If yes, how many.
_____ Yes (____) _____ No
 - a. Name: _____ DOB: _____ Age: _____
 - b. Name: _____ DOB: _____ Age: _____
- 4. Do the children now live with you? _____ Spouse _____ Both _____
- 5. Do you want custody of children in this action? _____ Yes _____ No
- 6. Do you expect a contest over who should have custody of the children in this action?
_____ Yes _____ No

Why? _____

CHILD CARE INFORMATION

1. Name, address & phone number of provider _____

2. Cost per week \$ _____
3. Is there a minimum contract _____ Yes _____ No
4. Who pays child care _____

***Attach year-to-date child care cancelled checks, daycare contract or proof of payments**

CHILD SUPPORT

1. Do you currently pay child support? _____ Yes _____ No
If yes, how much _____
2. Do you currently receive child support? _____ Yes _____ No
If yes, how much _____
3. When was the last child support order issued? _____
4. Under your current order, what, if any, amount do you pay for health/dental costs for your children? _____

SPOUSAL MAINTENANCE

1. Do you currently pay spousal maintenance? _____ Yes _____ No
2. Do you currently receive spousal maintenance? _____ Yes _____ No, If yes, how much? _____ When is it anticipated that this amount will cease? _____

PARENTING TIME

1. Is there currently a Court Order regarding parenting time? _____ Yes _____ No
If yes, what is it _____

PERSONAL PROPERTY:

1. The value of the property I currently own by myself or with someone else is:

Home\$_____

Household Goods \$_____

Purchase Price of my home\$_____

Balanced owned on my home\$_____

Other real estate\$_____

Checking/savings\$_____

Automobiles\$_____ (year and make)_____

Recreational vehicles\$_____ (year and make)_____

Personal property\$_____

Stocks/bonds/etc\$_____

YOUR HEALTH INSURANCE:

		Coverage provided for: (Check all that apply)		
<u>Name of Carrier</u>		<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

5. Is health, dental or vision insurance available to you even if you are not currently enrolled?
 _____ Yes _____ No

		<u>Medical</u>	<u>Dental</u>
6.	Cost for you alone:	\$_____	\$_____
7.	Cost for your child(ren)	\$_____	\$_____

****Attach benefit plans and employment statement regarding costs.**

OPPOSING PARTY'S HEALTH INSURANCE:

Coverage provided for:
(Check all that apply)

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

5. Is health, dental or vision insurance available to you even if you are not currently enrolled?
 _____ Yes _____ No

	<u>Medical</u>	<u>Dental</u>
6. Cost for opposing party alone:	\$ _____	\$ _____
7. Cost for your child(ren)	\$ _____	\$ _____

YOUR DEBTS

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Pymt</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>

MISCELLANEOUS:

1. Do you or your opposing party have a Will? Yes No
2. When were the Wills executed or last revised? _____
3. Do you or your opposing party desire to have the child(ren) name(s) changed as a result of this proceeding?
 Yes No
If so, what name is desired? _____
3. Do you have a social media account? Yes No
If Yes, what kind? _____
4. Are you currently storing genetic material (i.e. frozen embryos)? Yes No
If Yes, do you expect a fight over the disposition of the embryos? Yes No

PLEASE BRING THE FOLLOWING DOCUMENTS:

1. All W-2's for last 2 calendar years.
2. All paycheck stubs (for yourself and spouse) for the current year (year-to-date).
3. Tax returns for last 2 years.
4. Health insurance information including coverage costs as follows:
 - a. Cost for yourself (medical)
 - b. Cost for yourself (dental)
 - c. Cost for yourself (vision).
5. Any previous custody (child support orders).

NECESSARY MONTHLY EXPENSES

		Yourself	Yourself w/children
1.	Residence:		
	a. Mortgage Payment (PITI)		
	b. Rent		
2.	Utilities:		
	a. Heat		
	b. Water, Sewer		
	c. Electricity		
	d. Natural Gas		
	e. Telephone, includes long distance telephone		
	f. Cell Phone		
	g. Refuse Disposal		
3.	Home Maintenance:		
	a. Condominium/HOA Fees		
	b. Lawn Care		
	c. Appliance Repair		
	d. Plumbing/Electrical		
	e. Painting & Repairs		
	f. Other:		
4.	Food:		
	a. Groceries		
	b. Restaurants		
	c. School Lunches		
	d. Work Lunches		
5.	Automobile:		
	a. Gas and Oil		
	b. Repairs and Maintenance		
	d. License		
6.	Clothing:		
	a. Work Clothes		
	b. School Clothes		
7.	Medical:		
	a. Family Doctor		
	b. Specialist		
	c. Psychologist		
	d. Eye Doctor		
	e. Orthodontist		
	f. Dentist		
	g. Medications		
	h. Eye Glasses		
8.	Insurance:		

	a. House Insurance		
	b. Medical Insurance		
	c. Automobile Insurance		
	d. Life Insurance		
	e. Disability Insurance		
	f. Liability Insurance		
	g. Other:		
9.	Entertainment:		
	a. Movie Tickets		
	b. Theater		
	c. Sports Events		
	d. Cable TV		
	e. Netflix; Hulu		
	f. Other:		
10.	Miscellaneous Personal Expenses:		
	a. Newspapers, Magazines, Books		
	b. Hair Care		
	c. Dry Cleaning & Laundry		
	d. Toiletries/Cosmetics		
	e. Pet Care		
	f. Other (describe specific items)		
11.	Vacation:		
	a. Weekend Trips		
	b. Annual Trip		
	c. Other:		
12.	Memberships:		
	a. Religious Donations		
	b. Professional Dues		
	c. Business Organizations		
	d. Health Club		
	e. Swim Club		
	f. Country Club		
13.	Educational Expenses:		
	a. Tuition, Room and Board		
	b. Transportation		
	c. Books and Supplies		
	d. Hot Lunches		
	e. School Activities		
14.	Periodic Payments:		
	a. Babysitters		
	b. Child Care		
	c. Domestic Help		
	d. Retirement Fund/IRA		
	e. Other:		

15. Monthly Payments:		
a. Car Loan		
b. Bank Loan		
c. Finance Company		
d. Finance Company		
e. Credit Union		
f. Personal Loan		
16. Monthly Credit Card Payments (List each item)		
TOTAL EXPENSES:	\$ _____	\$ _____

PARENTING TIME WORKSHEET

Weekly Parenting Access Schedule:

Please list which parent will have the children on specific days and proposed times for exchanges. A four-week cycle is used for simplicity, although school breaks, etc., might change the schedule short-term.

My proposal for the basic schedule for our children is as follows: (Use MOM and DAD, and include exchange times on days the on duty parent changes.)

	SUNDAY	MONDAY	TUESDAY	WEDNES- DAY	THURSDAY	FRIDAY	SATURDAY
<u>WK</u> <u>1</u>							
<u>WK</u> <u>2</u>							
<u>WK</u> <u>3</u>							
<u>WK</u> <u>4</u>							

Who will drop off at/pick up from child care when needed? _____

Who will drop off at/pick up from school when needed? _____

Who will drop off at/pick up from sports, school and other activities? _____

Holiday Access Schedule:

The following are some common holidays that may be divided between the parties. You do not need to include all of the holidays listed, and you can add more holidays than are listed. The holiday schedule typically supersedes the regular parenting time schedule and vacations. If you wish to split a holiday, please list the proposed exchange times. If you want, list starting and ending times right in the box naming the holiday. It is impossible to list every possible religious holiday, so only a few major ones are listed. No offense to anyone intended. [NOTE: Some parents simply agree: "Holidays will be alternated or split by agreement of the parties in advance."]

HOLIDAY/HOLY DAY	EVEN YEARS	ODD YEARS
PASSOVER		
EASTER		
MOTHER'S DAY (Weekend?)		
MEMORIAL DAY (Weekend?)		
FATHER'S DAY (Weekend?)		
JULY 4 TH (Include weekend if attached?)		
<u>EID-AL-FITR (End of Ramadan)</u>		
LABOR DAY (Weekend?)		
ROSH HASHANA		
<u>EID-AL-ADHA</u>		
EDUC. MN TEACHERS' CONVENTION (was MEA)–2 days off mid-Oct.		
HALLOWEEN		
THANKSGIVING (Day or Weekend?)		
CHANUKAH		
CHRISTMAS EVE		
CHRISTMAS DAY		
NEW YEARS EVE/DAY		
OTHER		

** If days off school are to be treated differently than the regular schedule, you should review a school calendar to assist in planning of parenting time. Some parents agree that the normal day-to-day schedule will apply on some/all of the days the children are off school during the school year, others agree Friday or Monday days off attach to that parent's weekend, etc.

Vacations:

How Often? _____

How much advance notice? _____

Can children miss school? _____

Other Thoughts? _____

Communication Between Parents *Outside* the Presence of Children – Do You Use:

Telephone? _____

Text or Other Electronic Messages? _____

E-mail? _____

Other? _____

Joint Calendar:

Do you now use a joint calendar to post the children's school, sports and other activities, medical and dental appointments, etc., such as ourfamilywizard.com ,Two Houses, Google Groups, etc.?

Would you like to start using one? _____

Any Other Concerns or Ideas: _____

