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CHILD CUSTODY QUESTIONNAIRE

This information will help us better understand your custody matter, so please do your best to fill out the Child Custody Questionnaire. All information provided is kept confidential between you and our office.

NAME:

OTHER PARENT'S NAME:

CHILD INFORMATION:

Describe your child. (What is your child's personality? What are your child's likes/dislikes? What kind of activities does s/he like?)

Education/Activities:

For each child:

School	Grade	Best subject(s)	Worst subject(s)
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Who drops child off at school?

Afterschool program	Frequency	Time	Child likes/dislikes?
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Who picks child up from school/afterschool program?

Extracurricular activity	Frequency
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Weekend activity:	Frequency
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Does your child have any special needs? Are they being addressed currently?

CHILD HEALTH:

Any particular ailments or medical problems of your child?

Any regular prescription medication for your child? Frequency?

Any allergies for your child?

Child's doctor or health care provider:

Address/phone number:

Who takes child to this doctor?

Child's counselor, psychiatrist, psychologist, social worker, or therapist:

Address/phone number:

Time period seeing the child:

Who takes/took child to this mental health care provider?

Who met with this mental health care provider?

CUSTODY, VISITATION, AND LIVING ARRANGEMENTS:

Is there a custody/visitation court order? If yes, describe the arrangement the court has ordered for your child.

If yes, have there been any custody modifications from the original order?

Is the court custody order being followed as ordered at this time? If no, what is happening?

What is the current timesharing (ordered or not ordered) of your child now? Fill in for a four-week period (write in "M" for Mother, and "F" for Father)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

COMMENTS:

Is the current situation working or not working?

Do any third parties (significant others, family members, friends, babysitters) help care for the child?

WHAT ARE YOU ASKING FOR AT THIS TIME?

Legal custody:

Physical custody:

Other: Specify exactly what you are requesting regarding *custody/visitation* (When do you want the children in your care? When do you want the other parent to have the children?)

What schedule would you **like** to have? (“M” for Mother, and “F” for Father)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

RESIDENCE/RESIDENCE HISTORY:

Situation: Rent/Own? _____ Living w/ Family _____

Type: House /Apartment/Other:

Number of bedrooms? __ Number of people in household? __

Residents:

<u>Name</u>	<u>Age or D.O.B.</u>	<u>SSN</u>	<u>Relationship</u>
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Your previous addresses for the last five years beginning with the most recent:

<u>Address</u>	<u>Date Moved In</u>	<u>Date Moved Out</u>	<u>Other persons Living in home</u>
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PARENTING ISSUES:

PHYSICAL HEALTH:

List your physicians or health care providers:

Doctor Name	Type of Doctor	Address & Telephone Number
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Do you or the other parent have any physical or mental health problems that impair your ability to care for your child?

If yes, please explain.

CRIMINAL HISTORY:

Has either parent been charged, arrested, convicted of a crime, on parole, on probation or otherwise been involved with law enforcement agencies?

If yes, please explain.

Location of incident:	Date:	Case number (if known):
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Result (dismissed/acquitted/convicted):

DRUG AND ALCOHOL USE:

Either parent used illegal drugs in the past?

Type	Frequency
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Either parent currently use illegal drugs?

Type	Frequency
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Either parent used alcohol in the past?

Frequency

Either parent currently use alcohol?

Frequency

Either parent taking prescription medication?

Type(s)

Any abuse of the medication?

Either parent tested, assessed, or treated for substance abuse?

If yes, when and where was testing/assessment/treatment?

Was it voluntary or court-ordered?

DOMESTIC VIOLENCE:

Has there been physical abuse/violence between you and the other parent?

If yes, please explain.

Has there been mental/emotional abuse between you and the other parent?

If yes, please explain.

Has either parent filed a Temporary Restraining Order (TRO) against the other?

If yes, explain.

Location of case: Date: Case number (if known): Result:

Has either parent made police reports regarding the other parent or the children?

If yes, please explain.

Location of incident: Date: Case number (if known): Result:

MENTAL HEALTH:

Have you ever been diagnosed with emotional or psychological issues?

Has the other parent ever been diagnosed with emotional or psychological issues?

Have you ever been treated for emotional or psychological issues?

Has the other parent ever been treated for emotional or psychological issues?

Either parent receiving medication for emotional or psychological issues?

If "yes" to any of the above, please explain

RELATIONSHIP OF PARENTS:

Your relationship with other parent:

From (date) Until (date) Location of residence

If married, date of marriage:

Reason(s) for breakup/separation:

Your other relationships:

Name D.O.B. Time period together Location of residence

Dating/Married Reason for breakup/separation Contact #

Name D.O.B. Time period together Location of residence

Dating/Married Reason for breakup/separation Contact #

The **other parent's** relationships:

Name D.O.B. Time period together Location of residence

Dating/Married Reason for breakup/separation Contact #

Name D.O.B. Time period together Location of residence

Dating/Married Reason for breakup/separation Contact #

GENERAL PARENTING QUESTIONS:

Describe your relationship with your child.

Describe your parenting style.

How do you discipline your child?

Do you know how the other parent disciplines your child?

What are your parenting concerns about the other parent?

What are your strengths as a parent (list 3)?

What are your weaknesses as a parent (list 3)?

What are the other parent's strengths as a parent (list 3)?

What are the other parent's weaknesses as a parent (list 3)?

Are you able to speak with the other parent about your child?

Are you able to speak with the other parent about anything?

What will the other parent say about you as a parent (good and bad)?

Are you familiar with Parent Counseling?

COMMENTS: