

## CUSTODY HOMEWORK ASSIGNMENT

Please complete this and return to me immediately. I cannot adequately represent you without the following information. And remember - this information is strictly confidential.<sup>1</sup> Do not show it to anyone except me or my staff! Attach additional sheets if necessary to completely answer each question.

1. List and describe all your good qualities as a parent. Include a list of your daily caretaking responsibilities of the child(ren).

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2. List and describe all of your bad qualities (shortcomings) as a parent. List at least three.

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3. What do you intend to do to improve these shortcomings?

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4. List and describe the opposing party's good qualities as a parent. Include his/her caretaking responsibilities for the child(ren).

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5. List and describe all the opposing party's bad qualities as a parent.

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6. In detail, describe what you will tell the Court when I ask you: "Why would it be in the best interests of your child(ren) that you have primary possession of them?"

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<sup>1</sup>Allegations of child abuse or neglect are not confidential and, by law, must be reported to Child Protective Services.

**7. In detail, describe what you will tell the Court when I ask you: "Why would it NOT be in your child(ren)'s best interest that the opposing party have primary possession of them?"**

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**8. List in detail everything the opposing party will say when asked by his/her attorney why you should NOT have primary possession of your child(ren).**

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**9. What daycare arrangements are in place for the child(ren)?**

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**10. Tell me about your family members that will be a support system for you in raising your child(ren). Then, tell me about the support system the opposing party has to help him/her.**

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**11. What goals do you have for your child(ren) for the next two to three years and how do you plan to achieve those?**

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**12. What activities is/are your child(ren) involved in?**

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**13. Do(es) your child(ren) have any special needs? (i.e. medical, psychological, educational)**

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**14. Tell me what a typical day is like in your household at this time.**

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15. List your employment history for either the past five years or the length of the marriage (whichever is shorter). Briefly state why you left each job. If fired, explain why.

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16. List the opposing party's employment history for either the past five years or the length of the marriage (whichever is shorter). Briefly state why he/she left each job. If fired, explain why.

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17. Please list below the witnesses you would like to call. These need to be people who have the best and most information about why you should have primary possession and/or why the opposing party should not. They could include teachers, clergy, employers, doctors, psychotherapists and/or friends and family. Please fill out each blank for each witness listed.

a. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Daytime address: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Will he/she need to be subpoena? Yes \_\_\_ No \_\_\_  
What firsthand knowledge does he/she have about your case? \_\_\_\_\_

b. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Daytime address: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Will he/she need to be subpoena? Yes \_\_\_ No \_\_\_  
What firsthand knowledge does he/she have about your case? \_\_\_\_\_

c. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Daytime address: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Will he/she need to be subpoena? Yes \_\_\_ No \_\_\_  
What firsthand knowledge does he/she have about your case? \_\_\_\_\_

d. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Daytime address: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Will he/she need to be subpoena? Yes \_\_\_ No \_\_\_  
What firsthand knowledge does he/she have about your case? \_\_\_\_\_

e. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Daytime address: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Will he/she need to be subpoena? Yes \_\_\_ No \_\_\_  
What firsthand knowledge does he/she have about your case? \_\_\_\_\_

**18. Write a history of your relationship with the opposing party. If he/she is your spouse, tell me when you began dating and how the relationship was at that time. Tell me when you were married and how your relationship was in the early stages. If this is a modification of custody, tell me how things have changed since the last order. Most importantly, tell me about all the major events in your relationship. I especially need to know about instances of abuse towards you or the children, affairs, criminal activity, drug or alcohol abuse, major fights, when and why your relationship started to go sour. Include dates! Tell me about everything in your relationship that you think the judge should know about and that may have a bearing on who should have primary possession of your child(ren).**

**19. Keep a daily journal. Make a point to list significant events on the day it happens. Be religious about keeping this log! The final trial in your case maybe months away and you will not be able to remember the details and dates of each events that may impact your custody case. Bring this with you whenever we have appointments so that I may review it. Do not show this journal to anyone except me or my staff!**

**20. Take pictures of you and the child(ren) doing things together, have them developed right away and write the date on the backs. Take pictures of your home including the yard or play area and the child(ren)'s room. If you have the equipment available, have someone videotape you interacting with the child(ren). But please keep it brief - the judge will not want to watch a video that lasts more than ten or fifteen minutes.**

**I know that this sounds like a tremendous amount of work - it is. But to represent you, I must learn everything about your child(ren), yourself and the opposing party that bears any relation to custody. Each question I have asked you to answer or task I have asked you to complete will be of interest to the judge in making his/her decision.**

# ATTORNEY/CLIENT-PRIVILEGED INFORMATION

## “SKELETONS IN THE CLOSET” - SENSITIVE TOPICS

It is important that you be open and honest in answering the following questions. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

**IF AN ANSWER TO ONE OF THE ANSWERS IS “YES”, PLEASE DESCRIBE THE SITUATION IN DETAIL ON THE BACK OF THE QUESTIONNAIRE.**

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Ex/Spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or in prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been Hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for using prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of DWI?	_____	_____
11. Engaged in gambling activities (legal or illegal?)	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse? If Yes, Complete DV Questionnaire	_____	_____
17. Been accused of child abuse? If any individual has been accused of child abuse, was the Department of Protective Services involved?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

19 Had a sexual relationship during or not during the marriage with someone other than own spouse of which the children were aware? \_\_\_\_\_

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. \_\_\_\_\_

20 Had a homosexual/bisexual relationship? \_\_\_\_\_

21. Engaged in unusual sexual practice? \_\_\_\_\_

22. Had a pregnancy outside of marriage? \_\_\_\_\_

23. Drunk to excess? \_\_\_\_\_

24. Had a sexually transmitted disease? \_\_\_\_\_

25 OTHER: \_\_\_\_\_

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the questions above, describe the situation. \_\_\_\_\_

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children. If so, please describe. \_\_\_\_\_

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? If yes, please describe, specify dates and purposes for same. \_\_\_\_\_

## Needs Assessment

### Basic Needs

Are you able to buy groceries? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently in need of clothing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need clothing for court appearances? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are your children in need of clothing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you having difficulty paying for rent or utilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much do you owe?  
Rent \_\_\_\_\_ Electric \_\_\_\_\_  
Phone \_\_\_\_\_ Gas \_\_\_\_\_  
Water \_\_\_\_\_ Other \_\_\_\_\_

### Child Care

Do you currently have childcare? Yes \_\_\_\_\_ No \_\_\_\_\_  
Who currently takes care of your children? You \_\_\_\_\_ Day Care \_\_\_\_\_ Family member or Friend \_\_\_\_\_  
School \_\_\_\_\_ Other \_\_\_\_\_

### Healthcare

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you receive Medicaid or Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a Clinic Card? Yes \_\_\_\_\_ No \_\_\_\_\_

### Transportation

How do you currently travel?  
Car \_\_\_\_\_ Do you own your car? Yes \_\_\_\_\_ No \_\_\_\_\_  
Bus \_\_\_\_\_  
Cab \_\_\_\_\_  
Dependent on Friends or Family \_\_\_\_\_

### Public Benefits

Are you receiving any public benefits (TANF, food stamps, social security, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which ones? \_\_\_\_\_  
Would you like to receive information on benefits you are not receiving but may be eligible for?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Education, Employment, and Training

Highest grade completed or degree obtained: \_\_\_\_\_  
Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_  
Would you like assistance in receiving:  
Further education Yes \_\_\_\_\_ No \_\_\_\_\_  
Job training Yes \_\_\_\_\_ No \_\_\_\_\_  
English as a Second Language Yes \_\_\_\_\_ No \_\_\_\_\_

### Crime Victim's Compensation

Have the police been involved in a family violence incident involving your family?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, was a report made? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you arrested at any time for a family violence incident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you applied for crime victims/ compensation before? Yes \_\_\_\_\_ No \_\_\_\_\_