



MINNESOTA CUSTODY

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

BACKGROUND INFORMATION

YOU:

OTHER PARENT:

Full Name:		Full Name:	
Pronouns:		Pronouns:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Mailing Address:		Mailing Address:	
Date of Birth:		Date of Birth:	
Place of Birth:		Place of Birth:	
Home Phone No:		Home Phone No:	
Work Phone No:		Work Phone No:	
Hours:		Hours:	
Cell No.		Cell No.	
Email:		Email:	
SSN:		SSN:	
Military Status:		Military Status:	
Driver's License Number:		Driver's License Number:	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	
Employer: (company name)		Employer: (company name)	
Employer Address:		Employer Address:	

Position/Occupation:		Position/Occupation:	
Length of Employment:		Length of Employment:	
Work Schedule:		Work Schedule:	
Employment Benefits (i.e. bonuses, car, travel, club memberships, ets.)		Employment Benefits (i.e. bonuses, car, travel, club memberships, ets.)	
Highest Level of Education:		Highest Level of Education:	
Certificates/Degrees Held:		Certificates/Degrees Held:	

How long have you lived at the above address? \_\_\_\_\_

How long have you been a resident of this state? \_\_\_\_\_

Does the other parent live at the above address? \_\_\_\_\_

How long has the other parent been a resident of this state? \_\_\_\_\_

Does the other parent have an attorney? If so, who? \_\_\_\_\_

### RELATIONSHIP INFORMATION

Were you married to your child(ren)'s other parent? \_\_\_\_\_

If so, date of marriage (month/day/year): \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Date of separation (if any) (month/day/year): \_\_\_\_\_

Date and reason for divorce (if applicable): \_\_\_\_\_

\_\_\_\_\_

Where did the dissolution action take place? \_\_\_\_\_

Age of children at divorce (if applicable): \_\_\_\_\_

Date of Temporary Order (if applicable): \_\_\_\_\_



**CHILDREN**

<b>Child's Full Name</b>	<b>Birthdate</b>	<b>Age</b>	<b>SSN</b>

Who are the children living with? \_\_\_\_\_

Do any children have special needs? \_\_\_\_\_

Explain: \_\_\_\_\_

Is either party currently pregnant? \_\_\_\_\_

If so, who is the biological father? \_\_\_\_\_

Is custody of the child(ren) contested? \_\_\_\_\_

If custody is not an issue, please choose from the following arrangements:

- You have sole physical custody
- Other parent has sole physical custody
- Parties have equal/joint physical custody
- You have sole decision making
- Other parent has sole decision making
- Parties have equal/joint decision making

Who will provide health insurance for the children? \_\_\_\_\_

What is the cost of health insurance? \_\_\_\_\_

Who will take the child tax exemptions? \_\_\_\_\_

Do the children attend daycare? \_\_\_\_\_ If so, where? \_\_\_\_\_

How much are the daycare costs? \_\_\_\_\_ Who pays? \_\_\_\_\_



**PRIOR RELATIONSHIP INFORMATION**

Have you or your ex-partner been previously married? \_\_\_\_\_

Number of previous marriages? \_\_\_\_\_

When and where did the dissolution action(s) for previous marriages occur? \_\_\_\_\_

\_\_\_\_\_

**SUPPORT OBLIGATIONS**

List all current support paid or received by you or the other parent. Include amounts paid since the date of separation from your spouse.

	YOU:	OTHER PARENT:
Child Support Paid		
Child Support Received		
Spousal Support Paid		
Spousal Support Received		

**PROCEDURAL STANDINGS**

Have you been served any papers? If so, when? \_\_\_\_\_

What papers were you served with? \_\_\_\_\_

Has there been any court involvement in this issue? \_\_\_\_\_

Have you ever been involved in court proceedings whatsoever? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with a crime? If so, what happened? \_\_\_\_\_

\_\_\_\_\_



## MENTAL/CHEMICAL HEALTH HISTORY

Have you ever been seen by a Psychologist or Psychiatrist? If so, what for? \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with any mental health disorder? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed or told that you have an addiction to any substance, activity, or media? \_\_\_\_\_

How often do you consume alcohol? \_\_\_\_\_

How often do you use illegal drugs? \_\_\_\_\_

How often do you gamble? \_\_\_\_\_

Have you ever taken any item of personal property to a pawn shop (or the like) to pay for any debts incurred as a result of any alleged addiction? \_\_\_\_\_

Has the other parent ever been seen by a Psychologist or Psychiatrist? If so, what for? \_\_\_\_\_

\_\_\_\_\_

Has the other parent ever been diagnosed with any mental health disorder? If so, explain: \_\_\_\_\_

\_\_\_\_\_

What medication does the other parent currently take? \_\_\_\_\_

Has the other parent ever been diagnosed or told that he or she has an addiction to any substance, activity, or media? \_\_\_\_\_

How often does the other parent consume alcohol? \_\_\_\_\_

How often does the other parent use illegal drugs? \_\_\_\_\_

How often does the other parent gamble? \_\_\_\_\_

Has the other parent ever taken any item of personal property to a pawn shop (or the like) to pay for any debts incurred as a result of any alleged addiction? \_\_\_\_\_



## INCOME

Please attach your 3 most recent paystubs.

	YOU:	OTHER PARENT:
<b>Gross Monthly Income:</b>		
Exemptions (married, single, number of dependents) (i.e. M-3)		
<b>Guideline Deductions:</b>		
Federal Withholding:	_____	_____
State Withholding:	_____	_____
FICA:	_____	_____
Medical Insurance:	_____	_____
Pension/Profit Sharing:	_____	_____
Union Dues:	_____	_____
<b>Other Deductions:</b>		
Life Insurance	_____	_____
Dependent Medical Insur.	_____	_____
Retirement Savings	_____	_____
Loans/Debts	_____	_____
Other	_____	_____
<b>Total Monthly Deductions:</b>		
<b>Net Monthly Employment Income:</b> (gross income – total deductions)		

## OTHER MONTHLY INCOME

	YOU:	OTHER PARENT:
Employment Bonus:		
Rental Income:		
Dividends/Interest:		
Retirement/Stocks		
Public Assistance:		
Social Security Benefits:		
Unemployment		
Other (specify):		



## BEST INTEREST FACTORS

In support of the foregoing preference, please compare yourself and the other party in terms of each of the following considerations and, for each, state whether the consideration favors you or the other party and, if either, how strongly.

a. The child's physical, emotional, cultural, spiritual, and other needs, and the effect of the proposed arrangements on the child's needs and development. \_\_\_\_\_

---

---

---

---

---

---

b. Any special medical, mental health, or educational needs that the child may have that may require special parenting arrangements or access to recommended services. \_\_\_\_\_

---

---

---

---

---

---

---

c. The reasonable preference of the child, if the court deems the child to be of sufficient ability, age, and maturity to express an independent, reliable preference. \_\_\_\_\_

---

---

---

---

---

---



d. Whether domestic abuse, as defined in section 518B.01, has occurred in the parents' or either parent's household or relationship; the nature and context of the domestic abuse; and the implications of the domestic abuse for parenting and for the child's safety, well-being, and developmental needs. \_\_\_\_\_

---

---

---

---

---

---

e. Any physical, mental, or chemical health issue of a parent that affects the child's safety or developmental needs. \_\_\_\_\_

---

---

---

---

---

---

f. The history and nature of each parent's participation in providing care for the child. \_\_\_\_\_

---

---

---

---

---

---

---

---

g. The willingness and ability of each parent's participation in providing care for the child. \_\_\_\_\_

---





---

---

---

---

h. The effect on the child's well-being and development of changes to home, school, and community. \_\_\_\_\_

---

---

---

---

i. The effect of the proposed arrangements on the ongoing relationships between the child and each parent, siblings, and other significant persons in the child's life. \_\_\_\_\_

---

---

---

---

j. The benefit to the child in maximizing parenting time with both parents and the detriment to the child in limiting parenting time with either parent \_\_\_\_\_



k. Except in cases in which domestic abuse as described in clause (4) has occurred, the disposition of each parent to support the child’s relationship with the other parent and to encourage and permit frequent and continuing contact between the child and the other parent. \_\_\_\_

---

---

---

---

---

---

---

---

l. The willingness and ability of parents to cooperate in the rearing of their child; to maximize sharing information and minimize exposure of the child to parental conflict; and to utilize methods for resolving disputes regarding any major decision concerning the life of the child. \_\_\_\_\_

---

---

---

---

---

---

---

---

Why is custody an issue now? \_\_\_\_\_

---

---

---

---

---

---

---

---

Do you favor shared decision-making? Why or why not? \_\_\_\_\_

---

---

---

---

---

---

---

---



---

---

Briefly state your proposal for physical custody. \_\_\_\_\_

---

---

---

---

---

What specific aspects of custody and/or access are unresolved, and why? \_\_\_\_\_

---

---

---

---

---

How do you currently share time with the children? Be as specific as possible about days and times. \_\_\_\_\_

---

---

---

---

---

Has this schedule been in place since the time of separation/divorce? If no, describe past arrangements. \_\_\_\_\_

---

---



---

---

---

How did you and the other parent come up with your current schedule? If by agreement, what thinking motivated the terms? \_\_\_\_\_

---

---

---

---

---

---

---

Who transports the children? How are the children exchanged between you and the other parent? \_\_\_\_\_

---

---

---

---

---

---

---

Have there been problems with your present schedule or with access to the children in general? If yes, please explain. \_\_\_\_\_

---

---

---

Outline a schedule you believe works best for the children. \_\_\_\_\_



---

---

---

---

Assuming you are not granted physical custody, what should your parenting time with the children be (again, be detailed, including times, defining holiday and summer periods, and how travel and transfers should be arranged)? \_\_\_\_\_

---

---

---

---

Why do you believe the other party opposes your custody position? \_\_\_\_\_

---

---

---

---

For purposes of this document "joint or equal physical custody" means that the children spend close to half of their time with each parent. With respect to your children, do you favor or disfavor a joint physical custody arrangement, and why? \_\_\_\_\_



Do you support your children's relationship with the other parent and, if so, how? \_\_\_\_\_

---

---

---

---

---

Does the other parent support the children's relationship with you? If so, how? If not, give examples. \_\_\_\_\_

---

---

---

What are your thoughts and approaches to discipline and how do they differ from the other parent's? \_\_\_\_\_

---

---

---

Focusing more on recent times, which of you has been the children's "primary caretaker"? As age-appropriate, in which proportion do the parties tend to the following caretaking chores:

Waking children in the morning \_\_\_\_\_

Getting children dressed \_\_\_\_\_

Preparing meals \_\_\_\_\_

Doing homework \_\_\_\_\_

Reading stories/books \_\_\_\_\_

Bathing children \_\_\_\_\_



Toilet training \_\_\_\_\_

Tucking kids in at night \_\_\_\_\_

Buying children's clothes \_\_\_\_\_

Haircuts \_\_\_\_\_

Parent-teacher conferences \_\_\_\_\_

Participate in or attend school/extracurricular activities \_\_\_\_\_

Driving children to school and extracurricular activities \_\_\_\_\_

Participating in school and extracurricular activities \_\_\_\_\_

Arranging for children's socialization (time with peers) \_\_\_\_\_

Staying home when children are sick \_\_\_\_\_

Taking kids to doctors, dentists, and such \_\_\_\_\_

Taking children to church and church functions \_\_\_\_\_

Describe the quality of your relationship with each of your children (separately): \_\_\_\_\_

---

---

---

---

---

---

---

---

Describe the quality of the other parent's relationship with each of your children (separately): \_\_\_\_\_

---

---

---



---

---

---

Describe the quality of each of your children's relationship with significant others, including:

Siblings: \_\_\_\_\_

---

Step-parents / significant others: \_\_\_\_\_

---

Your friends / the other parent's friends: \_\_\_\_\_

---

Your parents: \_\_\_\_\_

---

The other parent's parents: \_\_\_\_\_

---

Aunts, Uncles, Cousins, etc.: \_\_\_\_\_

---

Describe your and the other parent's availability to\for the children (ie., who has the most time for them and why). \_\_\_\_\_

---

---

---

---





Do any of your children have any special needs and, if so, describe them? \_\_\_\_\_

---

---

---

Have any of your children experienced any significant/relevant health or medical events and, if so, describe them? \_\_\_\_\_

---

---

---

---

---

What are your strengths as a parent? \_\_\_\_\_

---

What are your weaknesses as a parent? \_\_\_\_\_

---

What are the other parent's strengths as a parent? \_\_\_\_\_

---

What are the other parent's weaknesses as a parent? \_\_\_\_\_

---

Within the last five years, have you seen any kind of mental health professional and, if so, please provide such person's current name, address, and phone number, and give a detailed description of the reason for the counseling, the content of the counseling, whether medications were prescribed, and when the counseling terminated? \_\_\_\_\_

---

---

---



What would you like me to know about the other parent's mental health history? \_\_\_\_\_

---

---

Have you spoken to your children about the custody conflict and, if so, how have you done so and with what frequency? \_\_\_\_\_

---

---

Has the other parent spoken to your children about the custody conflict and, if so, how has he/she done so and with what frequency? \_\_\_\_\_

---

---

Are you at all upset at the manner in which the other parent has exposed your children to, or involved them in, this custody conflict and, if so, explain: \_\_\_\_\_

---

---

How communicative and cooperative are you and the other parent? Describe: \_\_\_\_\_

---

---

To what extent do you believe any of the other's "faults"---provide as much detail as possible---should be considered in this dispute, including but not limited to:

Criminal convictions: \_\_\_\_\_

---

Arrests: \_\_\_\_\_

---



Drug use (legal and/or illegal) and alcohol use: \_\_\_\_\_

\_\_\_\_\_

Domestic abuse\violence harassment: \_\_\_\_\_

\_\_\_\_\_

Gambling: \_\_\_\_\_

\_\_\_\_\_

Spendthrift behavior: \_\_\_\_\_

\_\_\_\_\_

Provide a brief description of each of your children, including their personalities, interests, educational progress/performance, extracurricular activities, etc.:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Provide names, addresses, and phone numbers for witnesses (i.e., teachers, doctors, friends, family, etc.) you feel are extremely important to this action, and explain why: \_\_\_\_\_

---



---



---



---

What information do you want me to know that you have not already provided? \_\_\_\_\_

---



---



---

### DOMESTIC VIOLENCE INVENTORY

Name of identified perpetrator: \_\_\_\_\_

Victim: \_\_\_\_\_

<b>Behavior</b>	<b>Last Week</b>	<b>Last Month</b>	<b>Past three (3) months</b>	<b>Within one (1) year</b>	<b>Within five (5) years</b>
Degrading criticism					
Teasing, taunting					
Yelling, shouting					
Swearing, name calling					
Publicly humiliating					
Threatening harm					
Intense jealousy					
Isolating, prevent from job					
Accusing of having affairs					
Having affairs with others					
Stalking					
Threatening to take child					
Withholding finances					
Financially depriving child					
Causing financial drain					
Destroying property					
Pinching					
Slapping					
Pulling hair					



<b>Behavior</b>	<b>Last Week</b>	<b>Last Month</b>	<b>Past three (3) months</b>	<b>Within one (1) year</b>	<b>Within five (5) years</b>
Grabbing					
Pushing					
Shoving					
Kicking					
Biting					
Punching					
Bruising					
Throwing things					
Throwing person					
Hitting with object					
Choking					
Breaking bones					
Cutting					
Burning					
Mutilation					
Stabbing					
Locking up					
Watching pornography					
Watching child pornography					
Forcing pornography					
Forcing sex/rape					
Forcing prostitution					
Abhorrent or violent sex					
Threatening with weapon					
Wounding with weapon					
Harming animals					
Drinking alcohol					
Abusing medication					
Using illegal drugs					
Receiving DUI					
Threatening suicide					
Attempting suicide					
Batterers treatment					
Being arrested					
Being convicted					
Restraining Order(s)					
Violating restraining orders					
Violating probation					
Other					

