



SHL

The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Response to: Child Custody, Visitation and/or Child Support Questionnaire

I am providing this information for the purpose of completing a response to a Child Custody/Visitation and or Support Questionnaire. I understand that I am having my documents prepared by a Paralegal – Legal Document Assistant and if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network is not composed of attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

Name

Date

Signature

Response to Child Custody, Visitation and/or Child Support Questionnaire –

YOU ARE RESPONDING TO AN ORDER FOR:

(PLEASE CIRCLE ALL THAT APPLY) - **CUSTODY** **VISITATION** **SUPPORT**

1. _____
Your full name (include first, last and middle initial)

2. You are the: **Mother** **Father**

3. _____
Address

City State Zip

4. What is your phone number _____ **hm**
 _____ **cell** _____ **wk**

5. What is the other parent’s full name: _____

6. Who does child live with: **You** **other parent** **Other** _____

7. What is other parent’s address: _____

Full Name of child (first, middle, last) (for unborn - write unborn)	Birth date / age	Birth place (city & state)	Sex M / F
	____ - ____ - ____ / ____		
	____ - ____ - ____ / ____		
	____ - ____ - ____ / ____		
	____ - ____ - ____ / ____		
	____ - ____ - ____ / ____		

8. _____
Full address of child

For how long? _____

9. Who does child reside with? (name) _____

(relationship) mom dad grandma grandpa other _____

10. _____
Address of person child resides with.

11. Child spends _____ % with mother _____ % with father

Do you want an order for: Child Custody Visitation

You are requesting: petitioner respondent joint other
Legal custody for:

Physical custody for:

12. Specify your visitation schedule request: _____

Days : Mon. Tues. Wed. Thur. Fri. Sat. Sun

How often? _____

What times? (from / to) _____

13. Why? _____

14. Would you like to request supervised visitations on the other party? Yes No

15. Why would you like supervised visitation? _____

16. If so, to start when? _____

17. Who are you requesting to provide travel to the drop-off and or Pick-up location?

Petitioner

Respondent

18. Where would you like the visitation **or** exchange to be held:

(please circle which one)

Exchange

Visitation

19. Who is responsible for transportation costs. _____

20. How much time do you request to be notified by other party if they relocate or change to another residence? _____ job? _____

home, cell or business telephone number? _____

mailing address? _____ children's school? _____

21. Would you like children to have telephone contact with other party? _____

22. If during visitation exchange the other party is late how much time would you like to allow them before considering the visitation cancelled? _____

23. Approximate percentage of time each parent has physical responsibility for the child.

Mom

%

Dad

%

24. How many hours before visitation do you request other party not drink? _____

25. Does either parent drink, do drugs or have any other problems? _____

If so what? _____

26. Do you wish to change name of child? Yes No

If so to what: _____

Why? _____

27. Is there another case pending in court regarding this child or children? Yes No

If so please list:

Case# _____ Court _____ County _____

Type of case: _____

28. Do you agree with the request? If not please state why and why the judge should rule in your favor on custody, visitation and/or support issues? (please state all facts in support of why he should rule in your favor and be sure to attach any proof.)
