

# Child Custody Worksheet



HUNT LAW FIRM, PLLC

The following form is designed to help us to better litigate your custody case. This worksheet is designed for parents or non-parents involved in child custody litigation to establish a custody order (including as part of a divorce) or to modify a prior custody order.

Your answers will help determine whether we can assist with your case, and if we can, it will help reduce attorney fees by limiting the number of questions we need to ask in person. It is very important that you answer this worksheet **HONESTLY, ACCURATELY, and COMPLETELY.**

If you believe that a question does not apply to your case, please mark the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

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THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

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**WARNING: DO NOT DISCUSS CUSTODY LITIGATION WITH CHILDREN. DO NOT SHOW THIS FORM TO THE CHILDREN OR REQUEST THEIR ASSISTANCE COMPLETING IT. DO NOT SPEAK NEGATIVELY OR DISPARAGINGLY ABOUT THE OTHER PARENT IN FRONT OF THE CHILDREN. SUCH BEHAVIOR IS FROWNED UPON BY COURTS AND MAY NEGATIVELY AFFECT THE OUTCOME OF YOUR CUSTODY CASE. ADDITIONALLY, NOTHING IN THIS FORM IS INTENDED TO BE LEGAL ADVICE AND NOTHING SHOULD BE TAKEN AS SUCH. COMPLETING THIS FORM OR SIMPLY SUBMITTING IT TO HUNT LAW FIRM DOES NOT CREATE AN ATTORNEY- CLIENT RELATIONSHIP.**

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**Privacy Policy Regarding Social Security Numbers:** Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers. Client information will eventually be shredded.

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EMAIL YOUR COMPLETED WORKSHEET TO [INFO@HUNTLAWTEXAS.COM](mailto:INFO@HUNTLAWTEXAS.COM).

# I. Prospective Client Information

|   |  |                                |  |   |  |
|---|--|--------------------------------|--|---|--|
| First Name  |  | Middle Name                    |  | Last Name                               |  |
|   |  |                                |  |   |  |
| Maiden Name (if applicable)   |  |                                | Your Relationship to the Child(ren)  |   |  |
|   |  |                                |  |   |  |
| How did you learn about Hunt Law Firm, PLLC?                            |  |                                |  |   |  |
|   |  |                                |  |   |  |
| Date of Birth   |  | City, County, & State of Birth |  | Race (for BVS)                          |  |
|   |  |                                |  |   |  |
| Social Security Number  |  |                                | Texas Driver License or State ID Number  |   |  |
|   |  |                                |  |   |  |
| Street Address  |  |                                |  |   |  |
|   |  |                                |  |   |  |
| City  |  | County                         |  | State                                   |  |
|   |  |                                |  |   |  |
| Email   |  |                                | Phone Number   |   |  |
|   |  |                                |  |   |  |
| Who else lives in your household?                                       |  |                                |  |   |  |
|   |  |                                |  |   |  |
| Do you currently have an attorney for this matter?                      |  |                                | If YES, please provide the name of your current or former attorney, as well as any details you believe may be helpful. |   |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                |  |                                |  |   |  |
| Do you work outside the home?   |  |                                |  |   |  |
| <input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO |  |                                |  |   |  |
| Company Name  |  |                                | Job Title  |   |  |
|   |  |                                |  |   |  |
| Company Street Address  |  |                                |  |   |  |
|   |  |                                |  |   |  |
| Company City  |  | Company State                  |  | Company ZIP                             |  |
|   |  |                                |  |   |  |
| Company Telephone   |  | Average Gross Monthly Income   |  | Average Number of Hours Worked Per Week |  |
|   |  |                                |  |   |  |

| Length of Employment | Education / Training |
|----------------------|----------------------|
|                      |                      |

## II. Other Legal Parent Information

| First Name  | Middle Name                    | Last Name  |   |
|---|--------------------------------|--|---|
|   |                                |  |   |
| Relationship to the Child(ren)  |                                |  |   |
|   |                                |  |   |
| Date of Birth   | City, County, & State of Birth | Race ( <i>for BVS</i> )                                |   |
|   |                                |  |   |
| Social Security Number  |                                | Texas Driver License or State ID Number                |   |
|   |                                |  |   |
| Street Address  |                                |  |   |
|   |                                |  |   |
| City  | County                         | State  | ZIP                                     |
|   |                                |  |   |
| Email   |                                | Phone Number   |   |
|   |                                |  |   |
| Does he or she currently have an attorney for this matter?  |                                | If YES, please provide the attorney's name (if known). |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE                |                                |  |   |
| Does he or she work outside the home?   |                                |  |   |
| <input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE |                                |  |   |
| Company Name  |                                | Job Title  |   |
|   |                                |  |   |
| Company Street Address  |                                |  |   |
|   |                                |  |   |
| Company City  |                                | Company State  | Company ZIP                             |
|   |                                |  |   |
| Company Telephone   |                                | Average Gross Monthly Income                           | Average Number of Hours Worked Per Week |
|   |                                |  |   |
| Length of Employment  |                                | Education / Training                                   |   |
|   |                                |  |   |

|  |   |
|--|---|
| Do you speak regularly with the other legal parent?      | If NO, when is the last time you have spoken with the other legal parent? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

### III. Other Party Information

|  |  |                                |   |  |  |   |  |
|--|--|--------------------------------|---|--|--|---|--|
| Is the other parent (information above) the person who has custody or who is seeking custody?                          |  |                                |   |  |  |   |  |
| <input type="checkbox"/> YES (SKIP THIS SECTION AND DIRECTLY TO SECTION IV) <input type="checkbox"/> NO (answer below) |  |                                |   |  |  |   |  |
| First Name   |  | Middle Name                    |   | Last Name  |  |   |  |
|  |  |                                |   |  |  |   |  |
| Relationship to the Child(ren)   |  |                                |   |  |  |   |  |
|  |  |                                |   |  |  |   |  |
| Date of Birth  |  | City, County, & State of Birth |   | Race ( <i>for BVS</i> )                                |  |   |  |
|  |  |                                |   |  |  |   |  |
| Social Security Number   |  |                                | Texas Driver License or State ID Number |  |  |   |  |
|  |  |                                |   |  |  |   |  |
| Street Address   |  |                                |   |  |  |   |  |
|  |  |                                |   |  |  |   |  |
| City   |  | County                         |   | State  |  | ZIP                                     |  |
|  |  |                                |   |  |  |   |  |
| Email  |  |                                |   | Phone Number   |  |   |  |
|  |  |                                |   |  |  |   |  |
| Does he or she currently have an attorney for this matter?   |  |                                |   | If YES, please provide the attorney's name (if known). |  |   |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE                             |  |                                |   |  |  |   |  |
| Does he or she work outside the home?  |  |                                |   |  |  |   |  |
| <input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE              |  |                                |   |  |  |   |  |
| Company Name   |  |                                |   | Job Title  |  |   |  |
|  |  |                                |   |  |  |   |  |
| Company Street Address   |  |                                |   |  |  |   |  |
|  |  |                                |   |  |  |   |  |
| Company City   |  |                                | Company State                           |  |  | Company ZIP                             |  |
|  |  |                                |   |  |  |   |  |
| Company Telephone  |  |                                | Average Gross Monthly Income            |  |  | Average Number of Hours Worked Per Week |  |
|  |  |                                |   |  |  |   |  |

|  |  |
|--|--|
| Length of Employment                                     | Education / Training                                       |
|  |  |
| Do you speak regularly with him/her?                     | If NO, when is the last time you have spoken with him/her? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

## IV. Child(ren) Information

**INCLUDE INFORMATION FOR ALL CHILDREN INVOLVED IN THIS CASE**

### CHILD 1

|   |             |  |
|---|-------------|--|
| First Name  | Middle Name | Last Name  |
|   |             |  |
| Does a court order currently exist that involves this child?  |             |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE  |             |  |
| If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)   |             |  |
|   |             |  |
| Date of Birth   | Age         | Social Security Number                                   |
|   |             |  |
| City, County, & State of Birth  |             | Gender   |
|   |             |  |
| Child's Current County of Residence   |             | How long has the child resided in that county?           |
|   |             |  |
| Child's Current School or Daycare   | Grade Level | Does the child have a disability or special needs?       |
|   |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Were you married to the other parent when your child was born?  |             |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |  |
| If NO:  |             |  |
| <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.)<br><input type="checkbox"/> The father took a DNA paternity test<br><input type="checkbox"/> The father's parentage was adjudicated by a court |             |  |

CHILD 2

|  |  |  |
|--|--|--|
| First Name   | Middle Name                                    | Last Name  |
|  |  |  |
| Does a court order currently exist that involves this child?   |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE   |  |  |
| If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)                              |  |  |
|  |  |  |
| Date of Birth  | Age  | Social Security Number                                   |
|  |  |  |
| City, County, & State of Birth   | Gender   |  |
|  |  |  |
| Child's Current County of Residence  | How long has the child resided in that county? |  |
|  |  |  |
| Child's Current School or Daycare  | Grade Level                                    | Does the child have a disability or special needs?       |
|  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Were you married to the other parent when your child was born?   |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |
| If NO:   |  |  |
| <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.) |  |  |
| <input type="checkbox"/> The father took a DNA paternity test  |  |  |
| <input type="checkbox"/> The father's parentage was adjudicated by a court   |  |  |

CHILD 3

|   |             |                        |
|---|-------------|------------------------|
| First Name  | Middle Name | Last Name              |
|   |             |                        |
| Does a court order currently exist that involves this child?  |             |                        |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE                    |             |                        |
| If YES, please explain (provide details including the cause number, county, court, judge, etc., if available) |             |                        |
|   |             |                        |
| Date of Birth   | Age         | Social Security Number |
|   |             |                        |
| City, County, & State of Birth  | Gender      |                        |
|   |             |                        |

|   |             |  |
|---|-------------|--|
| Child's Current County of Residence   |             | How long has the child resided in that county?           |
|   |             |  |
| Child's Current School or Daycare   | Grade Level | Does the child have a disability or special needs?       |
|   |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Were you married to the other parent when your child was born?  |             |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |  |
| If NO:  |             |  |
| <input type="checkbox"/> The father signed an Acknowledgment of Paternity (e.g. signed AOP in hospital, is on the birth certificate, etc.)<br><input type="checkbox"/> The father took a DNA paternity test<br><input type="checkbox"/> The father's parentage was adjudicated by a court |             |  |

|   |   |
|---|---|
| Have you or the child's other legal parent(s) ever been contacted by Child Protective Services (CPS)? |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE            |   |
| What are your working hours?  | Do you have flexible working hours?   |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| What are the other parent's working hours?  | Does he/she have flexible working hours?  |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |

## V. Other Children

|   |     |               |                   |
|---|-----|---------------|-------------------|
| Do you have any other children for whom a duty of support is owed?  |     |               |                   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |     |               |                   |
| If YES, provide details and amounts:  |     |               |                   |
|   |     |               |                   |
| List the name, age, date of birth, and primary residence of other children to whom YOU owe a duty of support. |     |               |                   |
| Full Name   | Age | Date of Birth | Primary Residence |
|   |     |               |                   |
| Full Name   | Age | Date of Birth | Primary Residence |
|   |     |               |                   |

## VI. Final Questions

|  |  |                  |
|--|--|------------------|
| <b>Are you currently married to a person who is <i>not</i> the parent of one or more of your child(ren)?</b>   |  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                  |
| <b>First Name</b>  | <b>Middle Name</b>                     | <b>Last Name</b> |
|  |  |                  |
| <b>Has another parent of your child(ren) ever made unwanted physical contact with your or the child(ren)? (e.g. hitting, shoving, dragging)</b>  |  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                  |
| <b>If YES:</b>   |  |                  |
| <input type="checkbox"/> I told someone about the abuse<br><input type="checkbox"/> I told the authorities about the abuse<br><input type="checkbox"/> A protective order or restraining order was issued<br><input type="checkbox"/> Charges were filed<br><input type="checkbox"/> The other party was convicted or received deferred adjudication for family violence<br><input type="checkbox"/> There is remaining evidence of the abuse (e.g. photos, still existing physical injuries/bruises, holes in walls, etc. |  |                  |
| <b>Have you ever made unwanted physical contact with a parent of your children? (e.g. hitting, shoving, dragging)</b>  |  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                  |
| <b>If YES:</b>   |  |                  |
| <input type="checkbox"/> I told someone about the abuse<br><input type="checkbox"/> I told the authorities about the abuse<br><input type="checkbox"/> A protective order or restraining order was issued<br><input type="checkbox"/> Charges were filed<br><input type="checkbox"/> I was convicted or received deferred adjudication for family violence<br><input type="checkbox"/> There is remaining evidence of the abuse (e.g. photos, still existing physical injuries/bruises, holes in walls, etc.               |  |                  |
| <b>Have you or another parent of your child(ren) ever been arrested for or convicted of a crime other than receiving a traffic ticket?</b>   | <b>If YES, please provide details.</b> |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                  |