

**CUSTODY CONFERENCE QUESTIONNAIRE**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City/Town) (Zip)

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Size of residence: (Check and/or provide number of rooms in spaces provided)

(\_\_\_\_) Bedrooms (\_\_\_\_) Living Room (\_\_\_\_) Family Room  
(\_\_\_\_) Kitchen (\_\_\_\_) Dining Room (\_\_\_\_) Bathroom  
(\_\_\_\_) Other \_\_\_\_\_ (\_\_\_\_) Other \_\_\_\_\_

Do you (check one):  Rent  Own  Sharing  Joint ownership  
 Other \_\_\_\_\_

Provide information about all persons presently living at your address (include yourself):

Names:	Relationship:	Age:
_____		
_____		
_____		
_____		
_____		
_____		

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Employment status:  Employed  Unemployed  Unable to work  Student

My employment requires that I be away from home on an overnight basis:

Yes  No

Employer information:

Name:

Address:

Telephone Number:

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

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

Work schedule for each employer or school schedule if student:

(circle days worked/class times)

Employer #1: M T W TH F SAT. SUN. From \_\_\_\_\_ To \_\_\_\_\_

Employer #2: M T W TH F SAT. SUN. From \_\_\_\_\_ To \_\_\_\_\_

Shifts worked/Total hours:

Employer #1: \_\_\_\_\_

Employer #2: \_\_\_\_\_

How long have you been employed with each employer?

Employer #1: \_\_\_\_\_

Employer #2: \_\_\_\_\_

Present earned vacation: \_\_\_\_\_ (days/weeks/months)

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Present physical/mental condition is:  Good  Fair  Poor

I am presently under a doctor's care:  Yes  No

If yes, please explain: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Do you use drugs:  Yes  No

Do you use alcoholic beverages:  Yes  No  On occasion

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List others who supervise your child(ren) when you are not able to do so:

Name:

Address:

Age:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

Marital status:

- Single
- Married      Date of marriage: \_\_\_\_\_
- Separated      Date of separation: \_\_\_\_\_
- Divorced      Date of divorce: \_\_\_\_\_

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HAVE YOU **OR A MEMBER OF YOUR HOUSEHOLD** BEEN CONVICTED OF OR CHARGED WITH ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> DUI - alcohol or controlled substance  | <input type="checkbox"/> Rape  |
| <input type="checkbox"/> Driving After Imbibing Alcohol or Utilizing Drugs  | <input type="checkbox"/> Sexual Abuse of Children  |
| <input type="checkbox"/> Violation of the Controlled Substance, Drug, Device and Cosmetic Act (to the extent it prohibits the manufacture, sale or delivery, holding, offering for sale or possession of any controlled substance or other drug or device.) | <input type="checkbox"/> Involuntary Deviate Sexual Intercourse                                  |
| <input type="checkbox"/> Aggravated Assault   | <input type="checkbox"/> Aggravated Indecent Assault   |
| <input type="checkbox"/> Contempt for Violation of Order or Agreement   | <input type="checkbox"/> Statutory Sexual Assault  |
| <input type="checkbox"/> Unlawful Restraint   | <input type="checkbox"/> Prostitution and Related Offenses                                       |
| <input type="checkbox"/> Endangering Welfare of Children  | <input type="checkbox"/> Stalking  |
| <input type="checkbox"/> Indecent Exposure  | <input type="checkbox"/> Terroristic Threats   |
| <input type="checkbox"/> Sexual Assault   | <input type="checkbox"/> False Imprisonment  |
| <input type="checkbox"/> Kidnapping   | <input type="checkbox"/> Arson and Related Offenses  |
| <input type="checkbox"/> Luring a Child Into a Motor Vehicle or Structure   | <input type="checkbox"/> Murder  |
| <input type="checkbox"/> Criminal Homicide  | <input type="checkbox"/> Dealing in Infant Children  |
| <input type="checkbox"/> Indecent Assault   | <input type="checkbox"/> Sexual Intercourse with Animal  |
|   | <input type="checkbox"/> Incest  |
|   | <input type="checkbox"/> Concealing Death of a Child   |
|   | <input type="checkbox"/> Corruption of Minors  |
|   | <input type="checkbox"/> Unlawful Contact with Minor   |
|   | <input type="checkbox"/> Sexual Exploitation of Children   |
|   | <input type="checkbox"/> Offense Relating to Obscene and Other Sexual Materials and Performances |
|   | <input type="checkbox"/> Conduct Relating to Sex Offenders                                       |

I, the undersigned, hereby certify that the preceding information is true and correct to the best of my knowledge and belief. I further understand that this information will become part of the record in this case.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_