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		UNO	CONTESTEI	D DIVORCE	QUESTIO	NNAIRE		
Client:								
CIIOIII	First		Mid	dle	Last		Maiden	
Petitioner	Respo	ndent	□ DOB:		_ Age:	SSN:		
Place of Birth	ı :			_ How long a	resident of	Kentucky:		
				Number of Times Married: Restore			e maiden name?	
Address:								
	Street N	umber	Stre	et Name				
	City			County	/	State	Zip Code	
Employer:				Occupati	on:			
Employer Ad	dress:							
r	_		Number	Street Nam	e			
	_	City		County	7	State	Zip Code	
Opposing Par	ty:							
11 0	,	First	Mid	dle	Last		Maiden	
Petitioner	Respo	ndent	□ DOB:		_ Age:	SSN:		
Place of Birth	ı :			_ How long a	resident of	Kentucky:		
Race:			_ Number of	Times Marr	ied:	_ Restore maide	en name?	
Address:								
Street Number		umber	Street Name					
	City			County	/	State	Zip Code	
Employer:	r:Occupation:							
Employer Ad	dress:							
1 ,	_		Number	Street Nam	ie			
	_	City		County	Į	State	Zip Code	
Phone Number	er:			_ Email A	ddress:			

Date of Marriage:	Living Separate: \square Yes \square No
County/State/Country Registered:	
Date of Separation:	
Is there currently a protection order in place? \square Yes	□ No
If "yes," who is Petitioner?	
Is wife currently pregnant? \square Yes \square No	
If "yes," is the unborn child believed to be the produc	et of both married parties? Yes No
Number of children (under 18) or still in high school?	
Property Issi (please list any specific agreement with regard to ea	<u>ues</u>
Real Estate:	
	
Vehicles:	
v emeres.	
Bank Accounts:	
Stocks/Bonds/Portfolios/Mutual Funds:	
Retirement Benefits:	

Life Insurance:	
Business Interests:	
Personal Property:	
Spousal Maintenance/Alimony:	
Debts:	
Other:	

Children's Information (Oldest to Youngest)

Full Name:				
(first)		(middle)	Lives with?:	(last)
Full Name:		(middle)		
	SSN:		Lives with?:	(last)
Current Residence:				
Full Name:		('18)		4.0
DOB:	SSN:	(middle)	Lives with?:	(last)
Current Residence:				
Full Name:				
DOB:	SSN:	(middle)	Lives with?:	(last)
			tion in the same format)	
As per KRS 403.480, p			following.	
to child, and ad	dress of persons	with whom the cl	ears? Please state the n nildren lived during tha e, mother, at 123 Main	t period of time.
From	to		_	
(Month/Ye		(Month/Year)		
with	(Name of per	rson and relationship to	child)	
		(Address)		
From(Month/Ye	to		_	
with	(Name of per	rson and relationship to	child)	
at				
		(Address)		

From _		to (Month/Ye	
	(Month/Year)	(Month/Ye	ar)
with		(Name of person and rela	
at		(Add	ress)
		(Auu	1655)
From		to	
1 10111	(Month/Year)	to (Month/Ye	ar)
with			
		(Name of person and rela	
at		(Add	ress)
From		to	
	(Month/Year)	to (Month/Ye	ar)
with		(Name of person and rela	
		(Name of person and rela	tionship to child)
at			ress)
		(Add	ress)
	(Ple	ease attach additional info	ormation in the same format)
2. Hav	e you, the other pa	rent and/or any of t	the children been involved or named in any other
case	es regarding custo	dy, parenting tim	e, child support and/or domestic violence in
Ken	tucky or any other	state? \square Yes \square N	No
	If Was avalain		
	ii res explain		

3. Do you know of any person not a party in this proceeding who lead custody/possession of the child(ren) or any person who claims to have custody rights with regard to the child(ren)? □Yes □No	
If "Yes," please state the person's name, relationship to the child(ren), and the information	eir contact
	·
PARENTING AGREEMENT (please list any specific agreements with regard to the following items)	
Decision-making: Joint or Sole	
Parenting time arrangement:	
Exchange days/time/location:	<u></u>
Transportation:	
Communication with child(ren):	
Holidays and Special dates (including exchange times):	
New Years Eve/Day:	
President's Day:	
Easter:	
Mother's Day/Father's Day:	
July 4th:	
Children's birthdays:	
Halloween:	
Thanksgiving:	
Christmas Eve/Day:	
Monday Federal Holidays:	
Religious holidays:	
Parent's birthdays:	
Other family/special events:	
Other Vacation:	
Summer break:	
Spring break:	,
Fall break:	

Who will provide insurance:	Medical	expenses division:	
Schools:			
Extracurriculars:			
Tuition/Extracurricular fees:			
Grandparents/Extended family issues:			
Special needs:			
Religious upbringing:			
Discipline:			
Life Insurance:			
Is either parent relocating and if so, wha			
Traveling with the child(ren):			
Travel Passport for child(ren):			
Child Support:			
Tax Credit/Deduction:			
	Parent 1	Parent 2	
Gross monthly income			
Spousal Support payments			
Child support for prior born children			
Child care costs			
Child's medical insurance			