

CLIENT INFORMATION SHEET

1. Client Name: _____
2. County Name: _____
3. Case Number: _____
4. For **DISSOLUTION/MODIFICATION** cases, who is Petitioner? (h / w) _____
5. If this is a **MODIFICATION** proceeding, who is the moving party? (h / w/ n) _____
6. Number of Children: _____

WIFE'S INFORMATION

(If parties are not married, female information)

7. Wife's First Name: _____
8. Wife's Middle Name: _____
9. Wife's Last Name: _____
10. Wife's Nick Name: _____
11. Wife's Day Phone: _____
12. Wife's Residential Phone: _____
13. Wife's Cell / Msg. / Pager: _____
14. Wife's Email Address: _____
15. Wife's Residential Address: _____
16. Wife's Residential City, State, & Zip Code: _____
17. Wife's Residential County: _____
18. Wife's Mailing Address (if different): _____
19. Wife's Mailing City, State & Zip Code: _____

IDENTIFICATION / EMPLOYMENT

- 20. Wife's Social Security Number: _____
- 21. Wife's Driver's License Number & State: _____
- 22. Wife's Employer Name: _____
- 23. Wife's Employer Phone: _____
- 24. Wife's Employer Address: _____
- 25. Wife's Employer City, State & Zip Code: _____

VITAL STATISTICS

- 26. Wife's Birthdate: _____
- 27. Wife's Birthplace: _____
- 28. Wife's Maiden Name: _____
- 29. Wife live in City Limits? (y / n): _____

HUSBAND'S INFORMATION

(If parties are not married, male information)

- 30. Husband's First Name: _____
- 31. Husband's Middle Name: _____
- 32. Husband's Last Name: _____
- 33. Husband's Nick Name: _____
- 34. Husband's Day Phone: _____
- 35. Husband's Residential Phone: _____
- 36. Husband's Cell / Msg. / Pager: _____
- 37. Husband's Email Address: _____
- 38. Husband's Residential Address: _____

39. Husband's Residential City, State & Zip Code: _____

40. Husband's Residential County: _____

41. Husband's Mailing Address (if different): _____

42. Husband's Mailing City, State & Zip Code: _____

IDENTIFICATION / EMPLOYMENT

43. Husband's Social Security Number: _____

44. Husband's Driver's License Number & State: _____

45. Husband's Employer Name: _____

46. Husband's Employer Phone: _____

47. Husband's Employer Address: _____

48. Husband's Employer City, State & Zip Code: _____

VITAL STATISTICS

49. Husband's Birth date: _____

50. Husband's Birthplace: _____

51. Husband live in City Limits? (y / n): _____

MARRIAGE

52. Date of Marriage: _____

53. Place of Marriage (City, State & County): _____

54. Separation Date: _____

CHILDREN

55. Obligor for Child Support (h / w/ n): _____

a) Oldest Child's First Name: _____

b) Oldest Child's Last Name: _____

c) Oldest Child's Age: _____

d) Oldest Child's Birth date: _____

- e) Oldest Child's Social Security Number: _____
- f) Oldest Child Resides with (h / w / n): _____
- g) Is Wife Oldest Child's Mother? (y / n): _____
- h) Is Husband Oldest Child's Father? (y / n): _____

- a) 2nd Child's First Name: _____
- b) 2nd Child's Last Name: _____
- c) 2nd Child's Age: _____
- d) 2nd Child's Birth date: _____
- e) 2nd Child's Social Security Number: _____
- f) 2nd Child Resides with (h / w / n): _____
- g) Is Wife 2nd Child's Mother? (y / n): _____
- h) Is Husband 2nd Child's Father? (y / n): _____

- a) 3rd Child's First Name: _____
- b) 3rd Child's Last Name: _____
- c) 3rd Child's Age: _____
- d) 3rd Child's Birth date: _____
- e) 3rd Child's Social Security Number: _____
- f) 3rd Child Resides with (h / w / n): _____
- g) Is Wife 3rd Child's Mother? (y / n): _____
- h) Is Husband 3rd Child's Father? (y / n): _____

- a) 4th Child's First Name: _____
- b) 4th Child's Last Name: _____
- c) 4th Child's Age: _____
- d) 4th Child's Birth date: _____
- e) 4th Child's Social Security Number: _____
- f) 4th Child Resides with (h / w / n): _____
- g) Is Wife 4th Child's Mother? (y / n): _____
- h) Is Husband 4th Child's Father? (y / n): _____

- a) 5th Child's First Name: _____
- b) 5th Child's Last Name: _____
- c) 5th Child's Age: _____
- d) 5th Child's Birth date: _____
- e) 5th Child's Social Security Number: _____
- f) 5th Child Resides with (h / w / n): _____
- g) Is Wife 5th Child's Mother? (y / n): _____
- h) Is Husband 5th Child's Father? (y / n): _____

56. If this is a **NONPARENTAL CUSTODY** proceeding, type children's name (s) for which custody is being sought: _____

PRIOR MARRIAGES

57. YOUR PRIOR MARRIAGES

1. Date of Marriage: _____
Name of Spouse: _____
Date of Termination: _____ County: _____
2. Date of Marriage: _____
Name of Spouse: _____
Date of Termination: _____ County: _____

58. PRIOR MARRIAGE(S) OF SPOUSE

3. Date of Marriage: _____
Name of Spouse: _____
Date of Termination: _____ County: _____
4. Date of Marriage: _____
Name of Spouse: _____
Date of Termination: _____ County: _____

59. OTHER CHILDREN DEPENDANT ON CLIENT / SPOUSE: (Children not of this marriage)

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Birth date</u> <u>Mo / Day / Yr</u>	<u>Age</u>	<u>Living with</u>
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60. CHILDREN IN SCHOOL, COLLEGE, OR VOCATIONAL

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Birth date</u> <u>Mo / Day / Yr</u>	<u>Age</u>	<u>Living with</u>
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61. PARENTING PLAN. SPECIFY WHICH DAYS THE CHILD (REN) SHOULD RESIDE WITH WHICH SPOUSE.

a. Primary Parent? Mother _____ Father _____

b. Weekends? Alternating _____ Other _____

Weekdays? _____

c. <u>HOLIDAYS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
New Year's Day	_____	_____	_____
MLK Day	_____	_____	_____
President's Day	_____	_____	_____
Easter	_____	_____	_____
Memorial Day	_____	_____	_____
4 th of July	_____	_____	_____
Labor Day	_____	_____	_____
Halloween	_____	_____	_____
Veterans Day	_____	_____	_____
Thanksgiving	_____	_____	_____
Christmas Eve	_____	_____	_____
Christmas Day	_____	_____	_____
New Year's Eve	_____	_____	_____

d.	<u>SPECIAL OCCASIONS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
	Mother's Day	_____	_____	_____
	Father's Day	_____	_____	_____
	Mother's Birthday	_____	_____	_____
	Father's Birthday	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
	Child(ren) B'Day	_____	_____	_____
e.	<u>VACATIONS</u>	Child(ren) to be with Mother	Child(ren) to be with Father	Alternating yearly
	Spring Break	_____	_____	_____
	Summer Vacation	_____	_____	_____
	Christmas Vacation	_____	_____	_____
f.	<u>MAJOR DECISIONS</u>	Mother Makes	Father Makes	Both Make
	Education	_____	_____	_____
	Religion	_____	_____	_____
	Sports Participation	_____	_____	_____
	Non-Emergency Health Care	_____	_____	_____
	Daycare Provider	_____	_____	_____
	Other _____	_____	_____	_____

g. Are there any out of the ordinary needs with reference to the child(ren) (medical, schooling, etc.)

h. Day care provider for the children: _____

Address: _____

Licensed: _____ Yes _____ No

77. DEBTS & ASSETS

a. Community Debts	<u>Award to Husband</u>	<u>Award to Wife</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Separate Debts of <u>Wife</u>	<u>Award to Husband</u>	<u>Award to Wife</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Separate Debts of Husband Award to Husband Award to Wife

d. Real Property Award to Husband Award to Wife

NOTE: If you have real property, please provide street address & Legal Description

e. Pensions, IRA, Stocks, Bonds, etc.

f. Automobiles, Boats, Trailers, etc.

NOTE: Include VIN# for all automobiles

g. Furnishings

h. Miscellaneous

Confidential Information Form (INFO)

County:	Cause Number:	Do not file in a public access file.
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Court Clerk: This is a Restricted Access Document

- Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications
 Sexual Assault
 Other
 Domestic Violence
 Antiharassment
 Information Change (Check if you are updating information)
 A restraining order or protection order is in effect protecting the petitioner the respondent the children.
 The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____

**The following information about the parties is required in all cases:
(Use the Addendum To Confidential Information Form to list additional parties or children)**

Petitioner Information			Type or Print Only	Respondent Information		
Name (Last, First, Middle)			Name (Last, First, Middle)			
Race	Sex	Birthdate	Race	Sex	Birthdate	
Driver's Lic. or Identocard (# and State)			Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address)			
Mailing Address (P.O. Box/Street, City, State, Zip)			Mailing Address (P.O. Box/Street, City, State, Zip)			
Relationship to Child(ren)			Relationship to Child(ren)			

The following information is required if there are children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

1) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

2) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
List the names and present addresses of the persons with whom the child(ren) lived during the last five years:
List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

<u>Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:</u>	
Petitioner's Information	Respondent's Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()
For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):	

Additional information: _____

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

Signed on _____ (Date) at _____ (City and State).

 Petitioner/Respondent

Addendum to Confidential Information Form (AD)

County:	Cause Number:	Do not file in a public access file.
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Court Clerk: This is a Restricted Access Document

The following information about additional parties is required in all cases.

Additional Petitioner Information	Type or Print Only	Additional Respondent Information
Name (Last, First, Middle)		
Race	Sex	Birthdate
Drivers Lic. or Identocard (# and State)		
Mailing Address (P.O. Box/Street, City, State, Zip)		
Relationship to Child(ren)		

The following information is required if there are additional children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

3) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
4) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts

Except for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault), the following information is required:

Additional Petitioner Information	Additional Respondent Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()

LAW ENFORCEMENT INFORMATION

Do NOT serve or show this sheet to the restrained person!

Do NOT FILE in the court file. Give this form to law enforcement.

Type or print clearly! This completed form is required by law enforcement. This information is necessary to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court:	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
	<input type="checkbox"/> Sexual Assault

Restrained Person's Information (This is the person that you want the court to restrain.)

Name: First	Middle	Last	Nickname	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address Street:				Phone(s) w/Area Code		Need Interpreter? Yes or No Language:	
City:		State:	Zip:				

Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? No Yes. If yes, describe (continue on back, if needed):

Hazard Information Restrained Person's History Includes:

Involuntary/Voluntary Commitment Suicide Attempt or Threats

Assault Assault with Weapons Alcohol/Drug Abuse Other:

Weapons: Handguns Rifles Knives Explosives Other:

Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? Y N
 Are you and the restrained person living together now? Y N Does the restrained person know he/she may be moved out of the home? Y N N/A
 Does the restrained person know you're trying to get this order? Y N Is the restrained person likely to react violently when served? Y N

Protected Person's Information (This is the person you want the court to protect.)

Name: First	Middle	Last	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
---------------	--	------	--------	--------	-----------	------------	-----------	-------

If your information is not confidential, you must enter your address and phone number(s).

Current Address Street:				Phone(s) w/Area Code		Need Interpreter? Yes or No Language:	
City:		State:	Zip:				

If your information is confidential, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed for someone else, list your name, phone number and address:

Minor's Information				Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person		Minor's Relationship to Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With		Person		Person	

Victim's Household Members or Adult Children Protected				Name:	birth date:
Name:		birth date:		Name:	birth date:

PLEASE PROVIDE

- W-2's (Past 3 years)

- Income Tax Returns (Past 3 years)

- Paystubs - (Past 6 months)

- Bank Statements (Past 6 mos)

Superior Court of Washington
County of

In re:

and

Petitioner,

Respondent.

No.

Financial Declaration

Petitioner

Respondent

(FNDCLR)

Name: _____

Date of Birth: _____

I. Summary of Basic Information

Declarant's Total Monthly Net Income (from § 3.3 below) \$ _____

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ _____

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ _____

Declarant's Total Monthly Expenses (from § 5.12 below) \$ _____

Estimate of the other party's gross monthly income (from § 3.1f below) \$ _____

unknown

II. Personal Information

2.1 Occupation:

2.2 The highest year of education completed:

2.3 Are you presently employed? Yes No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

- (2) When did you start work there (month/year)? _____
- b. If no: (1) When did you last work (month/year)? _____
- (2) What were your gross monthly earnings? \$ _____
- (3) Why are you presently unemployed? _____

III. Income Information

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is **Not** an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 Gross Monthly Income

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Name	Name
	_____	_____
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance Received		
From _____	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year-to-date)	\$ _____	\$ _____

3.2 Monthly Deductions From Gross Income

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. Mandatory Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 Monthly Net Income (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s.)) \$ _____

3.4 Miscellaneous Income

- a. Child support received from other relationships \$ _____ \$ _____
- b. Other miscellaneous income (list source and amounts)
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
 - _____ \$ _____ \$ _____
- c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ _____ \$ _____

3.5 Income of Other Adults in Household \$ _____ \$ _____

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. Available Assets

- 4.1 Cash on hand \$ _____
- 4.2 On deposit in banks \$ _____
- 4.3 Stocks and bonds, cash value of life insurance \$ _____
- 4.4 Other liquid assets: \$ _____

V. Monthly Expense Information

Monthly expenses for myself and _____ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 Housing

- Rent, 1st mortgage or contract payments \$ _____
- Installment payments for other mortgages or encumbrances \$ _____
- Taxes & insurance (if not in monthly payment) \$ _____
- Total Housing \$ _____

5.2 Utilities

- Heat (gas & oil) \$ _____
- Electricity \$ _____

Water, sewer, garbage	\$ _____
Telephone	\$ _____
Cable	\$ _____
Other	\$ _____
Total Utilities	\$ _____

5.3 Food and Supplies

Food for _____ persons	\$ _____
Supplies (paper, tobacco, pets)	\$ _____
Meals eaten out	\$ _____
Other	\$ _____
Total Food Supplies	\$ _____

5.4 Children

Day Care/Babysitting	\$ _____
Clothing	\$ _____
Tuition (if any)	\$ _____
Other child-related expenses	\$ _____
Total Expenses Children	\$ _____

5.5 Transportation

Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil, ordinary maintenance	\$ _____
Parking	\$ _____
Other transportation expenses	\$ _____
Total Transportation	\$ _____

5.6 Health Care (Omit if fully covered)

Insurance	\$ _____
Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
Other uninsured health expenses	\$ _____
Total Health Care	\$ _____

5.7 Personal Expenses (Not including children)

Clothing	\$ _____
Hair care/personal care expenses	\$ _____

Clubs and recreation \$ _____
 Education \$ _____
 Books, newspapers, magazines, photos \$ _____
 Gifts \$ _____
 Other \$ _____
 Total Personal Expenses \$ _____

5.8 Miscellaneous Expenses

Life insurance (if not deducted from income) \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Total Miscellaneous Expenses \$ _____

5.9 Total Household Expenses (The total of Paragraphs 5.1 through 5.8) \$ _____

5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Monthly Payments for Other Debts and Monthly Expenses				\$ _____

5.12 Total Expenses (Add Paragraphs 5.9 and 5.11) \$ _____

VI. Attorney Fees

6.1 Amount paid for attorney fees and costs to date: \$ _____

6.2 The source of this money was:

6.3 Fees and costs incurred to date: \$ _____

6.4 Arrangements for attorney fees and costs are:

6.5 Other:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature of Declarant

Print or Type Name

The following financial records are being provided to the other party and filed separately with the court.
Financial records pertaining to myself:

Individual Partnership or Corporate Income Tax returns for the years _____ including all W-2s and schedules;

Pay stubs for the dates of _____

Other: _____

Do not attach these financial records to the financial declaration. These financial records should be served on the other party and filed with the court separately using the sealed financial source documents cover sheet (WPF DRPSCU 09.0220). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties in the case, their attorneys, court personnel and certain state agencies and boards.) See GR 22 (C)(2).

Additional Information Regarding Child(ren)

1. Child(ren) have resided with the following persons:

Name:	Length of Time Child(ren) Resided with this Person
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2. The mother's performance of parenting functions relating to the daily needs of the child:

3. The mother's work schedule:

4. The father's performance of parenting functions relating to the daily needs of the child:

5. The father's work Schedule:

6. Information regarding circumstances and behavior that is likely to pose a risk to the child(ren):

7. The child(ren)'s daily schedule and activities:

8. Any other information for the court to consider:

9. Current residential schedule of the child(ren) and living conditions:

10. Drug or alcohol abuse:

11. Child(ren)'s relationship to each parent:

12. Strength and weaknesses of each parent: