

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
IN AND FOR _____, COUNTY, FLORIDA
(Family Division)**

Petitioner,
VS. Case No. _____

Respondent.
_____ /

MINOR CHILD QUESTIONNAIRE

CHILD(REN)'S MOTHER:

Name _____
Address _____
City, State, ZIP _____
Telephone (_____) _____
Attorney Name _____
Attorney Address _____
City, State, ZIP _____
Telephone (_____) _____

CHILD(REN)'S FATHER:

Name _____
Address _____
City, State, ZIP _____
Telephone (_____) _____
Attorney Name _____
Attorney Address _____
City, State, ZIP _____
Telephone (_____) _____

BRIEFLY describe any problems you anticipate regarding sharing parental responsibility, time-sharing, or developing a Parenting Plan:

Dated: _____

Signature: _____