

MEDIATION PARENTING TIME QUESTIONNAIRE

NOTE: ALL INFORMATION YOU PROVIDE ON PAGES 2 AND 3 OF THIS FORM IS STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH THE OTHER PARTY UNLESS AUTHORIZED BY YOU.

YOUR PERSONAL INFORMATION

Your full name: _____

Previous names you have used: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Address to which mail should be sent: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Method of contact: I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home/work/cell/e-mail (circle all that apply). DO NOT CONTACT ME at home/work/cell/e-mail (circle all that apply).

CHILDREN

Children of this relationship:

Full Name	Birthdate	Social Security Number	In whose physical custody?

Describe how and by what method paternity was established on the above children? _____

Are you, or the other party, pregnant? _____ If so, what is the due date? _____

Physical or emotional disabilities of children: _____

Children not of this relationship:

Full Name	Birthdate	Social Security Number	Whose child and in whose custody?

COMMUNICATION

By what method do you and the other party currently communicate regarding the child(ren)?

What is your desired method of communication regarding the child(ren)?

CUSTODY

Has physical and/or legal custody been established via a court order? _____ If so, attach a copy of the order.

What is your desired arrangement regarding physical custody of the child(ren)? _____

What is your desired arrangement regarding legal custody of the child(ren)? _____

PARENTING TIME SCHEDULE

Describe the existing visitation schedule regarding the child(ren) involved in this matter (attach a copy of any existing order regarding visitation/parenting time: _____

Describe your desired visitation schedule:

Reasonable

24 hour notice

Restricted. Describe restrictions: _____

Specific schedule

_____ Alternate weekends from _____ Friday to _____ Sunday _____

Other: _____

Holiday Schedule

HOLIDAY	ODD YEARS WITH (Mother/Father)	EVEN YEARS WITH (Mother/Father)	COMMENTS
New Year's Day			
Easter			
Mother's Day			
Memorial Day			
Father's Day			
July 4 th			
Labor Day			
Halloween			
Thanksgiving			
Christmas Eve			
Christmas			
Child birthdays			

In the space below, provide any additional information you would like the mediator to know regarding the minor child(ren), the desired schedule, concerns about the other party (home, significant other, other children, job, etc) or other factors such as work schedules, distance between parental homes, etc. which you believe have an effect on parenting time with the other child: _____

Are you willing to participate in mediation of this matter willingly and in good faith? _____

Dated: _____ **Signed:** _____