

**DIVORCE AND RESIDENTIAL RESPONSIBILITY (Formerly custody)/PARENTING TIME
(formerly visitation) QUESTIONNAIRE**

In order to know your position of residential responsibility and parenting time, please fill out as completely as possible this questionnaire. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please Print.

Date: _____

Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

1. Full Name _____ Maiden Name _____
2. Street Address _____
City _____ County _____ State _____ Zip _____
3. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

4. Home Phone _____ Business Phone _____
E-mail _____ Cellular Phone _____
5. Social Security Number _____
6. Length of Residence in Minnesota/North Dakota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Religion _____ Race _____
9. Present Health _____
10. Physician or Clinic _____
11. Are you presently in the Military Service? _____
12. Date of Marriage: _____ City/State/County of marriage: _____
13. Date of Separation: _____

YOUR EMPLOYMENT INFORMATION

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid: Weekly ___ Every two weeks ___ Twice a month ___ Monthly ___
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal _____ State _____
9. Deductions from your paycheck:

Federal \$ _____ Per _____
State \$ _____ Per _____
FICA \$ _____ Per _____
Medical/Dental \$ _____ Per _____
Other (Specify) \$ _____ Per _____

10. Describe the type and amount of other income (overtime, bonuses, commissions and other employment)

11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)

12. Detail your prior work experience (what, when and where) _____

13. Do you receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If yes, What: _____

OPPOSING PARTY'S PERSONAL INFORMATION

14. Full Name _____ Maiden Name _____

15. Street Address _____
City _____ County _____ State _____ Zip _____

16. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

17. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____

18. Social Security Number _____
19. Length of Residence in Minnesota/North Dakota _____
20. Birthplace _____ Birthdate _____ Age _____
21. Religion _____ Race _____
22. Present Health _____
23. Physician or Clinic _____
24. Are they presently in the Military Service? _____

OPPOSING PARTY'S EMPLOYMENT INFORMATION

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are they regularly paid: Weekly ___ Every two weeks ___ Twice a month ___ Monthly ___
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal _____ State _____
9. Deductions from your paycheck:
- | | |
|--------------------------|-----------|
| Federal \$ _____ | Per _____ |
| State \$ _____ | Per _____ |
| FICA \$ _____ | Per _____ |
| Medical/Dental \$ _____ | Per _____ |
| Other (Specify) \$ _____ | Per _____ |
10. Describe the type and amount of other income (overtime, bonuses, commissions and other employment)
- _____
- _____
11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)
- _____
- _____
12. Detail their prior work experience (what, when and where) _____
- _____
- _____
- _____

13. Do they receive, or expect to receive, any of the following as income:

- Public Assistance _____ Yes _____ No
- Social Security Benefits for Yourself _____ Yes _____ No
- Social Security Benefits for Child(ren) _____ Yes _____ No
- Unemployment Compensation _____ Yes _____ No
- Worker’s Compensation _____ Yes _____ No
- Rental Income _____ Yes _____ No
- Other Income _____ Yes _____ No

If yes, What: _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

Do not list children from previous marriages or other relationships

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>

2. Do the children now live with Client? _____ Spouse _____ Both _____

ISSUES

1. Major decisions about our child(ren)’s education will be made by:

Both Parents or _____ Parent _____

2. The arrangements for attending parent-teacher conferences should be:

3. The arrangements for attending school or extra curricular events our child(ren) participates in should be:

4. Other: _____



MEDICAL CARE

Medical care may include dental, physical health and psychological/counseling services for the child(ren)'s guidance and behavioral health.

1. **Medical Appointments.** Primary responsibility for scheduling appointments should be as follows:

2. **Emergencies.** In case of medical emergency, the child(ren) will be cared for as soon as possible and the other parent notified immediately. Each parent can consent to emergency medical treatment for the child(ren) as needed without waiting for the consent of the other parent.

3. **Other:** _____

RELIGION AND CULTURAL HERITAGE

1. Major religions and/or cultural events involving the child(ren), and major decisions about such will be made by:

Both Parents or _____ Parent _____

2. Attendance at religions and/or cultural events will happen as follows:

DECISION-MAKING RESPONSIBILITY (formerly legal custody)

The decision-making responsibility of the child(ren) may be:

Joint or shared decision-maker; or

Sole decision-making to one parent

PRIMARY RESIDENTIAL RESPONSIBILITY (formerly custody) AND PARENTING TIME

(formerly visitation)

A. Residential Arrangements/Parenting Schedule

1. The parenting schedule indicates the time that the child(ren) spends with each parent.

The following time with _____ (parent name):

and the following time with _____ (other parent name):

2. Physical placement of the child(ren) shall be:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						

B. Holidays

The following holiday schedule supercedes the usual ongoing parenting schedule.

Holiday	Time Period Days	Odd Numbered Years (Mom or Dad)	Even Numbered Years (Mom or Dad)
Child's Birthday - Date: Child's Birthday - Date: Child's Birthday - Date: Child's Birthday - Date:			
Mom's Birthday - Date:			

Dad's Birthday - Date:			
New Year's Eve			
New Year's Day			
Martin Luther King Day			
President's Day			
Spring Break			
Good Friday			
Easter Sunday			
Mother's Day			
Memorial Day			
Father's Day			
Fourth of July			
Labor Day			
MEA Weekend			
Halloween			
Thanksgiving			
Christmas Eve			
Christmas Day			
Winter Break			
Other			
Other			

C. Vacations

1. **Notice.** The other parent would be given the following advance notice before the anticipated vacation date, if the vacation date affects the usual parenting schedule or holiday schedule:

2. **Agreement.** The following process of determining vacation time with our child(ren) will be used:

3. **Transportation.** The following vacation transportation plan will be used: _____

Emergency Contact During Vacation. Each parent will supply the other with emergency contact information for vacation periods as follows: _____

4. **Non-Emergency Vacation Telephone Contact Between Child(ren) and Other Parent.**

D. Residential Responsibility.

The residential responsibility of the child(ren) may be:

Joint or shared residential responsibility; or

Primary residential responsibility to one parent

I suggest that parenting time of the child(ren) shall be as follows: _____

OTHER ONGOING CONTACT WITH THE CHILD(REN)

1. **Phone Calls.**

Phone calls are one of many ways that positive contact with parents can be encouraged and continued. I suggest to allow each parent to have phone contact with the child(ren) as follows: _____

2. **Mail.**

I suggest that the child(ren) and each parent will be able to contact each other by mail as follows: _____

3. **Email.**

I suggest that the child(ren) and each parent will be able to contact each other by email as follows: _____

4. **Long Distance Contact.**

If either parent lives a significant distance from the child(ren), I suggest developing a plan to maintain good contact with the child(ren). This may include e-mail, videotape and audiotape, in addition to mail and telephone contact.

I suggest that the child(ren) and each parent will be able to contact each other as follows: _____

PARTICIPATION IN CHILD(REN)'S ACTIVITIES

I agree that our child(ren) benefit(s) from our support of his/her/their extra-curricular, athletic, religions, arts and cultural activities. I suggest the following plan:

1. In making decisions about our child(ren)'s activities, I will consider our child(ren)'s interests as well as the impact these activities may have on the time the child(ren) spends with each parent. Based on these considerations, I suggest that the child(ren) should participate in the following: _____

2. I suggest the following agreement for parent participation in the child(ren)'s athletic, arts and cultural activities: _____

CHILD CARE

1. For child care, which includes who chooses the child care provider, picks up and/or drops off the child(ren), emergency contact information and who is able to visit the child(ren) at daycare, I suggest the following: _____

2. Responsibility for our child(ren) if the child(ren) is/are sick or needs to stay home from day care or school, I suggest the following: _____

3. One issue is who would like to be the first choice for back-up care in situations when the other parent needs someone to care for the child(ren). I suggest the following: _____

WELL-BEING OF CHILD(REN)

1. I suggest the following expectations and routines: _____

_____, including:

Homework: _____

Curfew: _____

Bedtime: _____

Phone Restrictions: _____

Chores: _____

Other: _____

I recognize that communication between parents is very important and suggest ways to keep communication open by: _____

_____, including:

Telephone: _____

Joint Calendar: _____

Journal: _____

Other: _____

TRANSPORTATION

I recognize that time with the other parent is important and suggest arranging transportation as follows:

CLOTHING

I recognize that our child(ren) will need clothing and personal hygiene supplies in both parental homes. I suggest providing them in the following way: _____

FINANCIAL RESPONSIBILITY/EXPENSE

I have identified other child-related expense that may not be covered by child support. I suggest handling them as follows: _____

MISCELLANEOUS

Other issues I would want to include in a parenting plan would include the following: _____

MARITAL INFORMATION

1. Did you sign a pre-marital (antenuptial) agreement? _____
2. Date of present marriage _____
3. City, county and state where you were married _____
4. Are you and your spouse living together? _____ If not, date of separation _____
5. Are you or your spouse pregnant? _____
6. Describe any action that has been taken by either you or your spouse to dissolve this marriage

7. State the date, purpose and names of individuals involved in any counseling of you and/or your spouse

8. Do you feel there is any chance to save this marriage? _____
9. What are your primary complaints about your spouse? _____

10. What are your spouse's primary complaints about you? _____

11. Is there a history of domestic abuse in your marriage relationship? _____
Describe _____

12. Have you or your spouse ever sought an Order for Protection as a result of domestic abuse _____

INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS

1. Where you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____

4. Minor children from your **PREVIOUS** marriages or relationships:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
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5. Who received custody? _____
6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued _____

7. Maintenance and child support payments RECEIVED by you:

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

Maintenance and child support payments PAID by you:

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

8. Assets awarded to your spouse _____

HEALTH INSURANCE PROVIDED THROUGH YOU

Check all that apply

	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1. Medical _____	_____	_____	_____
2. Dental _____	_____	_____	_____
3. Optical _____	_____	_____	_____
4. Other _____	_____	_____	_____

ASSETS

A. Homestead:

1. Address _____
City _____ County _____ State _____
2. Do you have a copy of a deed to this property? _____
3. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title _____
4. When was the homestead purchased? _____ Cost \$ _____
5. Amount of down payment? _____
6. Source of down payment _____
7. In whose name(s) is the title? _____
8. What is the present fair market value? \$ _____
9. Present mortgage or contract for deed balance \$ _____
10. Monthly payment \$ _____
11. To whom are the payments made? _____
12. Does the payment include taxes? \$ _____ Insurance? \$ _____
13. What are the yearly taxes? _____ Insurance? \$ _____
14. Are house payments delinquent? _____ How much? \$ _____
15. On the reverse side of this page, describe all improvements made to the property during this marriage.

B. Other Real Estate:

16. Address _____
City _____ County _____ State _____
17. Do you have a copy of a deed to this property? _____
18. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title _____
19. When was the homestead purchased? _____ Cost \$ _____
20. Amount of down payment? _____
21. Source of down payment _____
22. In whose name(s) is the title? _____
23. What is the present fair market value? \$ _____
24. Present mortgage or contract for deed balance \$ _____

25. Monthly payment \$ _____
26. To whom are the payments made? _____
27. Does the payment include taxes? \$ _____ Insurance? \$ _____
28. What are the yearly taxes? _____ Insurance? \$ _____
29. Are house payments delinquent? _____ How much? \$ _____
30. On the reverse side of this page, describe all improvements made to the property during this marriage.

C. Other Real Estate:

31. Address _____
 City _____ County _____ State _____
32. Do you have a copy of a deed to this property? _____
33. Is this property Abstract or Torrens? _____
 If Torrens, Certificate of Title No. _____
 Where is the Certificate of Title _____
34. When was the homestead purchased? _____ Cost \$ _____
35. Amount of down payment? _____
36. Source of down payment _____
37. In whose name(s) is the title? _____
38. What is the present fair market value? \$ _____
39. Present mortgage or contract for deed balance \$ _____
40. Monthly payment \$ _____
41. To whom are the payments made? _____
42. Does the payment include taxes? \$ _____ Insurance? \$ _____
43. What are the yearly taxes? _____ Insurance? \$ _____
44. Are house payments delinquent? _____ How much? \$ _____
45. On the reverse side of this page, describe all improvements made to the property during this marriage.

WE WILL NEED A COPY OF A DEED OR MORTGAGE CONTAINING THE LEGAL DESCRIPTION FOR EACH PARCEL OF REAL ESTATE

E. Savings Accounts:

1. Depository _____ Balance \$ _____
 Name(s) on Account _____
2. Depository _____ Balance \$ _____
 Name(s) on Account _____
3. Depository _____ Balance \$ _____
 Name(s) on Account _____

4. Depository _____ Balance \$ _____
Name(s) on Account _____

F. Checking Accounts:

1. Depository _____ Balance \$ _____
Name(s) on Account _____

2. Depository _____ Balance \$ _____
Name(s) on Account _____

3. Depository _____ Balance \$ _____
Name(s) on Account _____

4. Depository _____ Balance \$ _____
Name(s) on Account _____

G. Certificates of Deposit:

1. Depository _____ Balance \$ _____
Name(s) on Account _____

2. Depository _____ Balance \$ _____
Name(s) on Account _____

H. Cash Management or Brokerage Accounts:

1. Depository _____ Balance \$ _____
Name(s) on Account _____

2. Depository _____ Balance \$ _____
Name(s) on Account _____

I. Stocks:

1. Depository _____ Balance \$ _____
Name(s) on Account _____

2. Depository _____ Balance \$ _____
Name(s) on Account _____

J. Bonds:

1. Depository _____ Balance \$ _____
Name(s) on Account _____

2. Depository _____ Balance \$ _____
Name(s) on Account _____

K. Safe Deposit Box:

1. Depository _____ Balance \$ _____
Name(s) on Account _____
2. Depository _____ Balance \$ _____
Name(s) on Account _____

L. List all Pension/Retirement Plans (IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.)

Type	In Whose Name?	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

M. Does anyone owe you or your spouse money? _____

1. Who _____ How much \$ _____
2. Who _____ How much \$ _____

N. Did you bring property or money into this marriage? _____

Describe _____

O. Did your spouse bring property or money into this marriage? _____

Describe _____

P. Describe any inheritance you have received _____

Q. Describe any inheritance your spouse has received _____

R. Do you have any personal injury or worker's compensation claim pending or have you received any settlement or award? _____

S. Do your spouse have any personal injury or worker's compensation claim pending or has your spouse received any settlement or award? _____

T. Life Insurance

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium \$ _____ Face Value \$ _____ Cash Value \$ _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium \$ _____ Face Value \$ _____ Cash Value \$ _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium \$ _____ Face Value \$ _____ Cash Value \$ _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium \$ _____ Face Value \$ _____ Cash Value \$ _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium \$ _____ Face Value \$ _____ Cash Value \$ _____

U. Motor Vehicles Driven by YOU:

1. Year _____ Make _____ Model _____
Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

Motor Vehicles Driven by SPOUSE:

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

V. Recreational Vehicles:

	<u>Make and Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat, Motor & Trailer	_____	\$ _____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____	\$ _____

W. Value of:

Jewelry \$ _____ Furs \$ _____ Art \$ _____
Precious Metals \$ _____ Collections (describe) \$ _____

X. Household Goods and Furnishings:

1. Estimated value of \$ _____
2. Balance owed \$ _____
3. Payments made to whom? _____

Y. Describe any other assets that you know of _____

DEBTS:

Creditor	Balance Due	Monthly Payment	Reason for Debt	Person Incurring Debt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				

NECESSARY MONTHLY EXPENSES

EXPENSE CATEGORY	PARENT	CHILDREN
Rent		
Mortgage Payment		
Second Mortgage Payment		
Contract for Deed Payment		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Fee		
Electricity		
Heat		
Water/Sewer		
Refuse/Disposal		
Telephone		
Internet		
Cellphone		
Cable		
Food and Household Items		
Clothing		

Laundry and Dry Cleaning		
Medical Insurance		
Medical Expenses Not Covered by Insurance		
Dental Insurance		
Dental Expenses not Covered by Insurance		
Orthodontia		
Gasoline		
Maintenance & Repairs		
Car Insurance		
Life Insurance		
Recreation and Entertainment		
Newspaper & Magazines		
Donations		
Personal Allowances		
Child Care		
Children's School Expenses		
Pet Expenses		
Gifts		
Misc. Cash		
Other (describe)		
Other (describe)		

Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		

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