



PARENTING ISSUES CHECKLIST

GENERAL INFORMATION:

Name: _____

Date of marriage: _____

Children of marriage:

Name: _____ Date of birth: _____

Address: _____

Name: _____ Date of birth: _____

Address: _____

Name: _____ Date of birth: _____

Address: _____

Name: _____ Date of birth: _____

Address: _____

PARENTING ISSUES

Decision-Making:

Educational:	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Daycare	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Medical/Dental/Mental Health:	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Spiritual Training:	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Recreational/Extracurricular Activities:	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Other (specify):	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father

Residential Care:

Child(ren) to live primarily with: Both Mother Father

If both, I'm thinking about the following schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Week 2	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Drop off location:							

Parenting Time:

If you think both parents will not share residential care, what kind of parenting time (visitation) schedule, including overnights, are you thinking about?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Week 2	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Drop off (D) or pick-up (P) Time: (a.m. or p.m.)							
Pick-up or Drop off location:							

Thoughts About Major Holidays and Special Occasions:

Event	Party spending time with child(ren)	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> Spring Break					
<input type="checkbox"/> Easter Day/Weekend					
<input type="checkbox"/> Mother's Day					
<input type="checkbox"/> Memorial Day					
<input type="checkbox"/> Father's Day					
<input type="checkbox"/> July 4 th					
<input type="checkbox"/> Labor Day					
<input type="checkbox"/> Thanksgiving Day/Break					
<input type="checkbox"/> Christmas Eve					
<input type="checkbox"/> Christmas Day					
<input type="checkbox"/> Winter Break					
<input type="checkbox"/> Summer Break					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					

Thoughts About Other Holidays and Special Occasions:

Event	Party spending time with child(ren)	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> Martin Luther King, Jr. Day/Weekend					
<input type="checkbox"/> President's Day/Weekend					
<input type="checkbox"/> New Year's Eve					
<input type="checkbox"/> New Year's Day					
<input type="checkbox"/> Mother's Birthday					
<input type="checkbox"/> Father's Birthday					
<input type="checkbox"/> Halloween					
<input type="checkbox"/> Children's Birthdays					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					

Other Thoughts About Parenting Time:

Child Support:

Your monthly income¹: _____
Your spouse's monthly income²: _____
Party paying for health insurance for child(ren): _____
Total monthly health insurance premium: _____
Portion of health insurance premium for child(ren)³: _____
Number of children in daycare during school year: _____
Number of children in daycare during summer and school vacations: _____
Party paying for daycare for child(ren): _____
Amount paid per week for daycare during school year: _____
Amount paid per week for daycare during school vacations: _____
Amount paid per month for extra-curricular activities: _____
Party paying for extra-curricular activities: _____
Other special expenses for child(ren) (list): _____

Party paying for other special expenses: _____

¹ If self-employed, average monthly gross receipts and average monthly expenses necessary to earn gross receipts
² If self-employed, average gross monthly receipts and average monthly expenses necessary to earn gross receipts
³ If unable to determine amount just for child(ren), divide total monthly premium by number of people covered and multiply by number of children