Preparing to Resolve My Case: Co-Parenting

You will need to resolve 4 core issues in your parentage case: (1) Establishing Paternity, (2) Allocation of Parental Decision Making, (3) Visitation, and (4) Child Support. For each of those issues, there is a brief description below followed by questions for you to answer to help us resolve your divorce as quickly as possible.

(1) **Establishing Paternity** – The first step in any parentage matter is to determine who the parents are of the child (or children – we’ll use both terms throughout this questionnaire). There are several steps to establish who the potential legal parents of a child may be:

   a. **Mothers**
      i. Did you give birth to the child?
         ☐ No
         ☐ Yes
         o Were you a surrogate for another family?
           ☐ No
           ☐ Yes
         o Was there a Gestational Surrogacy Act Contract?
           ☐ No
           ☐ Yes (provide contract)
   ii. Has any other Court determined that you are the mother of the child?
       ☐ No
       ☐ Yes (provide court order)
   iii. Did you adopt the child?
        ☐ No
        ☐ Yes (provide Adoption Judgment)
   iv. Did you utilize a surrogate to cause the birth of this child?
       ☐ No
       ☐ Yes
       o Was there a Gestational Surrogacy Act Contract?
         ☐ No
         ☐ Yes (provide contract)
   v. Were you married to the other parent or in a civil union with the other parent when the child was born?
      ☐ No
      ☐ Yes
vi. Was the child born within 300 days of the termination of a marriage or civil union with the other parent?
   □ No
   □ Yes

vii. Are you named on the child’s birth certificate?
   □ No
   □ Yes (provide birth certificate)

viii. Is the other parent named on the child’s birth certificate?
   □ No
   □ Yes (provide birth certificate)

ix. Is there anything else the Court should know about how you came to be the parent of this child?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

b. Fathers
   i. Did you sign a Voluntary Acknowledgement of Paternity (VAP)?
      □ No
      □ Yes (provide copy of VAP)

   ii. Have you and the child taken a deoxyribonucleic acid (DNA) test to determine if there is a parent-child genetic relationship?
      □ No
      □ Yes (provide copy of test results)
         o What were the results
            □ Confirmation of paternity
            □ Found not to be the father
            □ Other (please explain): __________________________
               ____________________________________________________________
               ____________________________________________________________
               ____________________________________________________________

   iii. Has any other Court determined that you are the father of the child?
      □ No
      □ Yes (provide copy of court order)
iv. Did you adopt the child?
   □ No
   □ Yes (provide Adoption Judgment)

v. Did you utilize a surrogate to cause the birth of this child?
   □ No
   □ Yes
   o Was there a Gestational Surrogacy Act Contract?
     □ No
     □ Yes (provide contract)

vi. Were you married to the other parent or in a civil union with the other parent when the child was born?
   □ No
   □ Yes

vii. Was the child born within 300 days of the termination of a marriage or civil union with the other parent?
   □ No
   □ Yes

viii. Are you named on the child’s birth certificate?
   □ No
   □ Yes (provide birth certificate)

ix. Is the other parent named on the child’s birth certificate?
   □ No
   □ Yes (provide birth certificate)

x. Is there anything else the Court should know about how you came to be the parent of this child?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
(2) **Allocation of Parental Decision Making** – most people call this custody. This is how you and your co-parent will make major decisions for your minor children. There are four major decisions to be made for your kids: (1) Medical, (2) Education, (3) Religion, and (4) Extra-Curriculars. You can make these decisions together (this is commonly called joint custody) or one of you can be responsible for making these decisions (this is commonly called sole custody).

a. Custody Questionnaire (please check the box you would like to have happen for each issue):

i. Who should make **medical** decisions for your children?
   - [ ] We should make medical decisions together (jointly)
   - [ ] I should make the medical decisions (sole)
   - [ ] My co-parent should make the medical decisions (sole)

ii. Who should make **educational** decisions for your children?
   - [ ] We should make education decisions together (jointly)
   - [ ] I should make the education decisions (sole)
   - [ ] My co-parent should make the education decisions (sole)

iii. Who should make **religious** decisions for your children?
   - [ ] We should make religion decisions together (jointly)
   - [ ] I should make the religion decisions (sole)
   - [ ] My co-parent should make the religion decisions (sole)

iv. Who should make **extracurricular** decisions for your children?
   - [ ] We should make extracurricular decisions together (jointly)
   - [ ] I should make the extracurricular decisions (sole)
   - [ ] My co-parent should make the extracurricular decisions (sole)

v. Is there anything else you would like us to know about the Allocation of Parental Decisions Making? ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
(3) **Parenting Time** – most people call this visitation. This is how you know where your kids will be and when they will be there. There are four main types of parenting time (1) Regular Parenting Time – the normal schedule (2) Vacation time, (3) Holidays, and (4) Special Days.

b. Parenting Time Questionnaire (please fill in the schedule or check the box where appropriate):

i. **Weekends.** Weekends are typically start Friday (afterschool or at some point in the evening) and ending on either Sunday evening or Monday morning with school drop off. Most parents choose to alternate weekends, but you should choose the schedule that works best for your family.

1. What weekend schedule would you like?
   - [ ] We should alternate weekends
   - [ ] The children should be with me every weekend
   - [ ] The children should be with my co-parent every weekend

2. When should the weekend start on Friday?
   - [ ] After school
   - [ ] After work
   - [ ] Some other time ___________________________

3. Should the weekend end on Sunday evening or Monday morning?
   - [ ] Sunday Evening
   - [ ] Monday Morning
   - [ ] Some other time ___________________________

4. Any comments on weekend time?________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
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   5
ii. **Weekdays**

1. Monday
   a. Morning (who should the kids be with from mid-night until start of school or 8:00 a.m.)
      - Me
      - My co-parent
      - Weekends end on Monday morning – follow that schedule
   b. Day (if the kids are not in school - who should the kids be with from 8:01 a.m. to 4:00 p.m.)
      - Me
      - My co-parent
      - Our kids are in school
   c. Evening (who should the kids be with from 4:01 p.m. to midnight?)
      - Me
      - My co-parent

2. Tuesday
   a. Morning (who should the kids be with from mid-night until start of school or 8:00 a.m.)
      - Me
      - My co-parent
   b. Day (if the kids are not in school - who should the kids be with from 8:01 a.m. to 4:00 p.m.)
      - Me
      - My co-parent
      - Our kids are in school
   c. Evening (who should the kids be with from 4:01 p.m. to midnight?)
      - Me
      - My co-parent

3. Wednesday
   a. Morning (who should the kids be with from mid-night until start of school or 8:00 a.m.)
      - Me
      - My co-parent
   b. Day (if the kids are not in school - who should the kids be with from 8:01 a.m. to 4:00 p.m.)
      - Me
My co-parent
☐ Our kids are in school
c. Evening (who should the kids be with from 4:01 p.m. to midnight?)
☐ Me
☐ My co-parent

4. Thursday
a. Morning (who should the kids be with from mid-night until start of school or 8:00 a.m.)
☐ Me
☐ My co-parent
b. Day (if the kids are not in school - who should the kids be with from 8:01 a.m. to 4:00 p.m.)
☐ Me
☐ My co-parent
☐ Our kids are in school
c. Evening (who should the kids be with from 4:01 p.m. to midnight?)
☐ Me
☐ My co-parent

5. Sunday Evening
a. Evening (who should the kids be with from 4:01 p.m. to midnight?)
☐ Me
☐ My co-parent
☐ Weekends end on Monday morning – follow that schedule

6. Any Comments on weekday parenting time? ________________

________________________________________________________________________

________________________________________________________________________

iii. Vacation Time: Many parents elect to exercise time (often in summer where they either travel for vacation or stay and exercise uninterrupted parenting time). Please indicate what vacation schedule you would like:
☐ Neither parent has vacation time
☐ One week of vacation per parent
Two weeks of vacation per parent
Three weeks of vacation per parent

Vacation time should occur during ☐ summer or ☐ anytime during the year.
Any comments on vacation time?

iv. Holidays: Most parents alternate holidays (you had Thanksgiving last year so your co-parent gets it this year, etc.).
1. How do you want to handle holidays?
   ☐ Alternate
   ☐ Some other schedule __________________________

2. What holidays do you want to celebrate?
   ☐ New Year’s Eve
   ☐ New Year’s Day
   ☐ Martin Luther King Day
   ☐ Lincoln’s Birthday
   ☐ Washington’s Birthday
   ☐ Casimir Pulaski Day
   ☐ Spring Break
   ☐ Easter
   ☐ Passover
   ☐ Mother’s Day
   ☐ Memorial Day
   ☐ Father’s Day
   ☐ July 4th (Independence Day)
   ☐ Eid-al-Fitr
   ☐ Labor Day
   ☐ Eid-al-Adha
   ☐ Rosh Hashana
   ☐ Yom Kippur
   ☐ Columbus Day
   ☐ Halloween
   ☐ Veteran’s Day
   ☐ Thanksgiving ☐ Day or ☐ Break
   ☐ Chanukah
   ☐ First half of winter break
v. Special Days - these typical include each parent’s birthday, the child’s birthday, adoption days, etc.

1. My birthday:
   - Children with me
   - Don’t use as holiday for parenting schedule

2. My Co-parent’s birthday:
   - Children with my spouse
   - Don’t use as holiday for parenting schedule

3. Children’s birthday(s):
   - Children with me
   - Children with my co-parent
   - Children with both of us at the same time (joint celebration)
   - Alternate years
   - Don’t celebrate

4. Adoption Days:
   - Children with me
   - Children with my co-parent
   - Children with both of us at the same time (joint celebration)
   - Alternate years
   - Don’t celebrate
   - Not applicable

5. Any comments on special days or days that should be added?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(4) **Child Support** – this is money paid from one co-parent to another to support the children.

a. Child Support Basic Facts:
   
i. What do you earn annually (yearly) before you pay taxes (gross earnings)?

ii. Is any of your income from any of the following programs: (1) Temporary Assistance to Needy Families, (2) Supplemental Security Income, (3) Supplemental Nutrition Assistance Program (4) Foster Care Payments, or (5) payments for the benefit of your children (Social Security Disability, child support from a prior relationship, etc.)?
   
   ![No/Yes/I don’t know options]

   ○ Which program(s) do you receive assistance from and how much do you receive annually (yearly) from each program?

iii. What does your co-parent earn annually (yearly) before you pay taxes (gross earnings)?

iv. Is any of your co-parent’s income from any of the following programs: (1) Temporary Assistance to Needy Families, (2) Supplemental Security Income, (3) Supplemental Nutrition Assistance Program (4) Foster Care Payments, or (5) payments for the benefit of his/her children (Social Security Disability, child support from a prior relationship, etc.)?
   
   ![No/I don’t know/Yes options]

   ○ Which program(s) does your spouse receive assistance from and how much do you receive annually (yearly) from each program?
v. How many minor children (under 18 or still in high school) do you have with your co-parent?
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6 or more

vi. Do you have any minor children with anyone other than this co-parent?
   □ No
   □ Yes
   o How many other minor children (not from this relationship) do you have?
     □ 1
     □ 2
     □ 3
     □ 4
     □ 5
     □ 6 or more
   o When were said other minor children born?
   o Do you pay child support for any of these children?
     □ No
     □ Yes
     o How much?__________________________
     ________________________________
     ________________________________
   o Are you paying this pursuant to a court order?
     □ No
     □ Yes

   o Do you receive child support for any of children?
     □ No
     □ Yes
     o How much?__________________________
     ________________________________
     ________________________________
o Do you own a business?

☐ No
☐ Yes

○ What is the yearly (annual) gross revenue (money earned by the company before paying taxes)?:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

○ What are the yearly (annual) expenses of the business?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

vii. Deviation from child support formula factors:

1. Do you have extraordinary medical expenses that are necessary to preserve your life?

☐ No
☐ Yes

○ Please describe the nature of the medical condition and the amounts that must be paid:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2. Does your co-parent have extraordinary medical expenses that are necessary to preserve his/her life?
   - No
   - Yes
     - Please describe the nature of the medical condition and the amounts that must be paid:
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________

3. Do you children have extraordinary medical expenses that are necessary to preserve their life?
   - No
   - Yes
     - Please describe the nature of the medical condition and the amounts that must be paid:
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
       __________________________________________
4. Do any of your children have special medical, physical, or developmental needs?

☐ No
☐ Yes

○ Please describe the nature of the special needs and the amounts that must be paid:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

viii. Expenses

1. Do your children have any school expenses?

☐ No
☐ Yes

○ What is the yearly (annual) amount of school expenses for the minor children?

________________________________________________________________________

2. Do your children have any extracurricular expenses?

☐ No
☐ Yes

○ What is the yearly (annual) amount of extracurricular expenses for the minor children?

________________________________________________________________________
3. Do you incur expenses for child care that enables you to be employed, to attend educational or vocational training programs to improve employment opportunities, or to search for employment? (Note: for the Court’s purposes, this cannot include child care expenses incurred for any other reason, i.e. babysitting while you attend a social function)?
   □ No
   □ Yes
   ○ What is the yearly (annual) amount of child care expenses for the minor children? __________

ix. Insurance

1. Are the minor children currently covered by health insurance?
   □ No
   □ Yes
   ○ What is the cost to provide insurance for ONLY the children? ______________

2. Are the minor children currently covered by dental insurance?
   □ No
   □ Yes
   ○ What is the cost to provide insurance for ONLY the children? ______________

3. Are the minor children currently covered by vision insurance?
   □ No
   □ Yes
   ○ What is the cost to provide insurance for ONLY the children? ______________