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?
\square No
□ Yes
 Were you a surrogate for another family?
\square No
□ Yes
 Was there a Gestational Surrogacy Act Contract?
\square No
☐ Yes (provide contract)
ii. Has any other Court determined that you are the mother of the child?
\square 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
 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?
		\square 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
	174.	be the parent of this child?
		be the parent of this emit.
h.	Father	·s
•		Did you sign a Voluntary Acknowledgement of Paternity (VAP)?
	1.	□ No
		Yes (provide copy of VAP)
	::	
	111.	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)
		 What were the results
		Confirmation of paternity
		Confirmation of paternity
		Confirmation of paternityFound not to be the father
		Confirmation of paternityFound not to be the father
		Confirmation of paternityFound not to be the father
		Confirmation of paternityFound not to be the father
	iii.	Confirmation of paternityFound not to be the father
	iii.	Confirmation of paternity Found not to be the father Other (please explain):
	iii.	Confirmation of paternity Found not to be the father Other (please explain): Has any other Court determined that you are the father of the child?

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
	 Was there a Gestational Surrogacy Act Contract? No
	☐ Yes (provide contract)
Wi	Were you married to the other parent or in a civil union with the
V1.	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?
	☐ Yes (provide birth certificate)
ix.	Is the other parent named on the child's birth certificate?
	□ No
	Yes (provide birth certificate)
х.	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) <u>Parenting Time</u> 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. <u>Weekends.</u> 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?

ιı	n your ranning.
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
	Some other time
4.	Any comments on weekend time?

ii. Weekdays

1. MONO	iay
a.	Morning (who should the kids be with from mid-night
	until start of school or 8:00 a.m.)
	☐ Me
	☐ My co-parent
	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.	
	p.m. to midnight?)
	☐ Me
• =	☐ My co-parent
2. Tueso	•
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. Wedn	•
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
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
-
7

	☐ Two v	weeks of vacation per parent
	☐ Three	weeks of vacation per parent
	Vacation time s	should occur during \square summer or \square anytime during
	the year.	
	Any comments	on vacation time?
iv.	•	parents alternate holidays (you had
		ast year so your co-parent gets it this year, etc.).
		you want to handle holidays?
		Alternate
		Some other schedule
	2. What ho	lidays 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 4 th (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

			Christmas Eve
			Christmas Day
			Second half of winter break
			Other holidays
v.	Specia	al Days - t	these typical include each parent's birthday, the
	child's	s birthday	, adoption days, etc.
	1.	My birth	day:
			Children with me
			Don't use as holiday for parenting schedule
	2.	My Co-p	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	•
			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 con	nments on special days or days that should be added?

(4) Child Suppor the children.	<u>rt</u> – this is money paid from one co-parent to another to support
	Support Basic Facts:
	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. 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 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?
	\Box 1
	\square 2
	☐ 3
	□ 4
	□ 5
	☐ 6 or more
vi.	
	parent?
	□ No □ Yes
	 How many other minor children (not from this relationship) do you have?
	\square 2
	\square 3
	□ 4
	☐ 6 or more
	 When were said other minor children born?
	When were said other himor children born.
	o Do you pay child support for any of these children?
	□ No
	□ Yes
	o How much?
	 Are you paying this pursuant to a court
	order?
	□ No
	□ Yes
	 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)?
	taxes):
	O What are the yearly (annual) expenses of the
	business?
vii. Deviation from c	hild support formula factors:
1. Do you ha	ave extraordinary medical expenses that are
necessary	to preserve your life?
	Ves
	 Please describe the nature of the medical
	condition and the amounts that must be paid:
	condition and the amounts that must be paid.

2.		p-parent have extraordinary medical expenses
	that are nece	essary to preserve his/her life?
	No	
	Yes	
	0	Please describe the nature of the medical
		condition and the amounts that must be paid:
		•
		-
3.	Do you child	lren have extraordinary medical expenses that are
٥.		preserve their life?
	□ Ye	
	0	
		condition and the amounts that must be paid:

	ur children have special medical, physical, or
development	ai needs?
□ No	
□ Yes	
0	Please describe the nature of the special needs and the amounts that must be paid:
	and the amounts that must be paid.
	,
viii. Expenses	
1. Do your child	lren have any school expenses?
□ No	•
□ Yes	
0	What is the yearly (annual) amount of school expenses for the minor children?
	_
2. Do your child	lren have any extracurricular expenses?
□ No	non nave any extractificatal expenses.
□ Yes	3
0	What is the yearly (annual) amount of extra- curricular expenses for the minor children
	currental expenses for the fillion efficient

employed, to programs to in for employme include child	expenses for child care that enables you to be attend educational or vocational training improve employment opportunities, or to search ent? (Note: for the Court's purposes, this cannot care expenses incurred for any other reason, i.e. hile you attend a social function)? What is the yearly (annual) amount of child care expenses for the minor children?
ix. Insurance	
1. Are the minor No Yes	children currently covered by health insurance?
0	What is the cost to provide insurance for ONLY the children?
2. Are the minor ☐ No ☐ Yes	children currently covered by dental insurance?
	What is the cost to provide insurance for ONLY the children?
3. Are the minor □No □yes	r children currently covered by vision insurance?
0	What is the cost to provide insurance for ONLY the children?