

## **DIVORCE QUESTIONNAIRE**

Please complete and email to [support@galegalpro.com](mailto:support@galegalpro.com).

Thank you!

### **REQUIRED DOCUMENTS (PLEASE BRING THESE DOCUMENTS WITH YOU PRIOR TO MEETING WITH YOUR ATTORNEY)**

- 1. DRIVERS LICENSE OR PICTURE IDENTIFICATION**
- 2. COMPLETED DOMESTIC RELATIONSHIP FINANCIAL AFFIDAVIT (If Applicable)**
- 3. MARRIAGE CERTIFICATE**
- 4. INCOME/WAGE STATEMENTS**
- 5. MORTGAGE / CAR LOAN / CREDIT CARD STATEMENTS**
- 6. CHECK FOR FILING FEES**
- 7. CHECK FOR ATTORNEY FEES (IF MEMBER OF LEGAL PLAN, PLEASE PROVIDE MEMBER NUMBER OR COPY OF MEMBERSHIP CARD)**

### **UNCONTESTED DIVORCE BASICS**

An uncontested divorce is one where both the husband and wife can agree on how to divide all of their assets and their debts, and if they have children, how to share custody and child support.

An uncontested divorce is one in which both spouses agree on how to divide assets and debts, decide on support amounts, and work out parenting issues. Once the spouses reach those agreements, they can complete their divorce paperwork and get a judgment of divorce, often without even having to go to court.

An uncontested divorce costs much less than a court battle or even a negotiated solution that relies on lawyers to do the negotiating. Because you pay a lawyer for all time spent on your case, including preparing documents, phone calls, emails, and court time, it can get very expensive very quickly.

Uncontested divorce is also usually more efficient. Depending on your state's waiting period and how long it takes you to work out the details of a settlement, it could be a matter of just a few months.

These advantages are great, but the most important advantage of an uncontested divorce is that it is so much less emotionally draining for you, your spouse, and your children than a contested case. If you have children, working cooperatively and establishing a decent relationship with the other parent will affect your quality of life for years to come. On the other hand, a bitter divorce battle can poison that relationship and cause lifelong tension and strain for your children

***INFORMATION ABOUT YOU***

***INFORMATION ABOUT YOUR SPOUSE***

Name \_\_\_\_\_

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

Address, Including County

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Time at that Address \_\_\_\_\_ years      \_\_\_\_\_ years

Previous Address(es) (for last 10 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number \_\_\_\_\_

\_\_\_\_\_

Facsimile Number \_\_\_\_\_

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Former Name(s)'

Name Change?    Yes     No

Yes     No

Name Change: Add \$50

Employers \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

Employer's Address

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Length of Time with Employer \_\_\_\_\_ years      \_\_\_\_\_ years

Previous Employer(s) (for last 10 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Income

Source/Amount \_\_\_\_\_

Source/Amount \_\_\_\_\_

Source/Amount \_\_\_\_\_

Date of Current Marriage \_\_\_\_\_

Place of Current Marriage \_\_\_\_\_

Date of Separation \_\_\_\_\_

Previous Marriage(s) Yes  No  Yes  No

Ended by:

Death  Divorce  Date \_\_\_\_\_

Death  Divorce  Date \_\_\_\_\_

Ended by:

Death  Divorce  Date \_\_\_\_\_

Death  Divorce  Date \_\_\_\_\_

Children of Current Marriage

Name                      Date of Birth      Social Security Number                      With Whom Residing

\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Children from Other Marriages or Relationships**

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Concerns**

*Physical or Mental Health of Self* \_\_\_\_\_  
\_\_\_\_\_

*Physical or Mental Health of Spouse* \_\_\_\_\_  
\_\_\_\_\_

*Physical or Mental Health of Children* \_\_\_\_\_  
\_\_\_\_\_

*Domestic Abuse or Violence* \_\_\_\_\_  
\_\_\_\_\_

*Child Abuse* \_\_\_\_\_  
\_\_\_\_\_

*Custody or Visitation Issues: Who will have sole physical custody of the minor child(ren)? Who will have visitation rights?* \_\_\_\_\_  
\_\_\_\_\_

*Please explain in detail, the visitation schedule (eg. Once a week, twice a week, etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Who will have the child(ren) during the major holidays (eg. Father odd years, Mother even years)*

\_\_\_\_\_  
\_\_\_\_\_

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*What is the estimated child support amount and who will be paying the child support?*

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*Do you have any joint debts in both your names (eg loans, credit cards, etc), if so, who will be responsible for payment of these debts after the divorce*

<i>Creditor/Lender</i>	<i>Account Number/ Balance</i>	<i>Whom Responsible for Said Debts after Divorce</i>

*Do you own real estate? (eg. Primary residence, investment), if so, who will have title to this real estate after the divorce?*

<i>Property Description</i>	<i>Balance Owed</i>	<i>Whom Title will be Vested After Divorce</i>

*Do you own vehicles or other personal property in both your names? If so, who will have title to these vehicles or other personal property after the divorce?*

<i>Vehicle Description</i>	<i>Balance Owed</i>	<i>Whom Title will be Vested After Divorce</i>

*Do you have health insurance with your spouse as the beneficiary? If so, do you want to have your spouse remain as beneficiary after the divorce? If so, what is the maximum coverage amount you will be responsible for, for his/her medical insurance?*

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*Do you have life insurance with your spouse as the beneficiary? If so, do you want to have your spouse remain as beneficiary after the divorce? If so, what is the maximum amount of life insurance you want for your spouse after the divorce?*

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*Do you have pets? If so, please describe pet (type, breed, name of pet). Who will have physical custody of pets?*

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**PLEASE COMPLETE THIS PAGE IF YOU CANNOT LOCATE YOUR SPOUSE**

**DUE DILIGENCE QUESTIONNAIRE FOR PUBLICATION**

I have made the following efforts to find the Defendant:

- (a) Checking with the Defendant's friends and relatives, whose names and addresses or telephone numbers I have listed below:

Name	Address or Telephone Number

- (b) Contacting the Defendant's former Landlord, whose name and address or telephone number are:


- (c) Contacting the Defendant's former Employer, whose name and address or telephone number are:


- (d) Checking telephone information and directories

(e) Asking the sheriff to attempt service at the Defendant's last known address which is listed above.

(f) Asking the sheriff to attempt service at the Defendant's last known place of employment, which was:


(g) The following other efforts:

**IF YOUR DIVORCE INVOLVES CHILDREN  
PLEASE COMPLETE THE BELOW INFORMATION  
FAILURE TO ACCURATELY COMPLETE THIS FORM  
MAY DELAY YOUR CASE**

**DOMESTIC RELATIONS FINANCIAL QUESTIONNAIRE**

1 CLIENT'S NAME: \_\_\_\_\_ Age \_\_\_\_\_  
 Spouse's or Other Parent's Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Names and birth dates of children **for whom support is to be determined in this action:**

Names	Date of Birth	Resides with:

Names and birth dates of Affiant's **other children**, (exclude step children):

Names	Date of Birth	Resides with:	Date of Initial Support Order	Support Paid by Affiant

2 SUMMARY OF AFFIANT'S INCOME AND NEEDS:

(a) Gross monthly income (Item 3A) \_\_\_\_\_  
 (b) Net monthly income (Item 3B) \_\_\_\_\_  
 (c) Average monthly expenses (Item 5A) \_\_\_\_\_  
 (d) Monthly payments to creditors (Item 5B) \_\_\_\_\_  
 (e) Total monthly expenses/payments to creditors (Item 5C) \_\_\_\_\_



**3 A. AFFIANT'S GROSS MONTHLY INCOME** (complete this section or attach Child Support Schedule A)

(All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages

ATTACH COPIES OF 2 MOST RECENT WAGE STATEMENTS

\_\_\_\_\_

Commissions, Fees, Tips

\_\_\_\_\_

Income from self-employment, partnership, close corporations,  
and independent contractors (gross receipts minus ordinary  
and necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

\_\_\_\_\_

Rental Income (gross receipts minus ordinary and  
necessary expenses required to produce income)

ATTACH SHEET ITEMIZING YOUR CALCULATIONS

\_\_\_\_\_

Bonuses

\_\_\_\_\_

Overtime Payments

\_\_\_\_\_

Severance Pay

\_\_\_\_\_

Recurring Income from Pensions or Retirement Plans

\_\_\_\_\_

Interest and Dividends

\_\_\_\_\_

Trust Income

\_\_\_\_\_

Income from Annuities

\_\_\_\_\_

Capital Gains

\_\_\_\_\_

Social Security Disability or Retirement Benefits

\_\_\_\_\_

Workers' Compensation Benefits

\_\_\_\_\_

Unemployment Benefits

\_\_\_\_\_

Judgments from Personal Injury or Other Civil Cases

\_\_\_\_\_

Gifts (cash or other gifts that can be converted to cash)

\_\_\_\_\_

Prizes/Lottery Winnings

\_\_\_\_\_

Alimony and maintenance from persons not in this case

\_\_\_\_\_

Assets which are used for support of family

\_\_\_\_\_

Fringe Benefits (if significantly reduces living expenses)

\_\_\_\_\_

Any other income (do NOT include means-tested  
public assistance, such as TANF or food stamps)

\_\_\_\_\_

**GROSS MONTHLY INCOME**

\_\_\_\_\_

**B. Affiant's net monthly income** from employment (deducting only State and Federal Taxes, Social Security and Medicare withholdings)

Gross Monthly Income \_\_\_\_\_  
 State Income Taxes \_\_\_\_\_  
 Federal Income Taxes \_\_\_\_\_  
 FICA Social Security Tax \_\_\_\_\_  
 FICA Medicare Tax \_\_\_\_\_

**Net Monthly Income:** \_\_\_\_\_

Affiant's pay period (i.e. weekly, bi-weekly, monthly, bi-monthly): MONTHLY

Number of tax exemptions claimed on IRS Form W-4 or tax return: \_\_\_\_\_

**4 ASSETS**

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital (PM), gift (G), inheritance (INH), source of funds (SoF), etc.).

Description	Value	Separate Asset of the Husband	Separate Asset of the Wife	Basis of the Claim
Cash	_____	_____	_____	_____
Stocks, bonds	_____	_____	_____	_____
CD's/Money Market Accounts	_____	_____	_____	_____
Bank Accounts (list each account):				
CHECKING/SAVINGS	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Retirement Pensions, 401K, IRA, or Profit Sharing	_____	_____	_____	_____
Money owed you:	_____	_____	_____	_____
Tax Refund owed you:	_____	_____	_____	_____
Real Estate:				
Home:	_____	_____	_____	_____
debt owed:	_____			
other:	_____	_____	_____	_____
debt owed:	_____			
Automobiles/Vehicles:				
Vehicle 1:	_____	_____	_____	_____
debt owed:	_____			
Vehicle 2:	_____	_____	_____	_____
debt owed:	_____			

Life Insurance ( <u>net</u> cash value):				
Furniture/furnishings:				
Jewelry:				
Collectibles:				
Other Assets (List):				
<b>Total Assets:</b>				

**5 A. AVERAGE MONTHLY EXPENSES:**

**HOUSEHOLD**

Mortgage or rent payments	_____	Cable TV	_____
Property taxes	_____	Misc. household and grocery items	_____
Homeowner/Renter Insurance	_____	Meals outside the home	_____
Electricity	_____	Other household expenses:	_____
Water	_____	<b>AUTOMOBILES</b>	
Garbage and Sewer	_____	Gasoline and oil	_____
Telephone:		Repairs	_____
<u>residential line:</u>	_____	Auto tags and license	_____
<u>cellular telephone:</u>	_____	Insurance	_____
Internet Service	_____	<b>OTHER VEHICLES</b>	
Gas	_____	<b>(boats, trailers, RVs, etc.)</b>	
Repairs and maintenance	_____	Gasoline and oil	_____
Lawn Care	_____	Repairs	_____
Pest Control	_____	Tags and license	_____
		Insurance	_____

**CHILDREN'S EXPENSES**

Regular child care \_\_\_\_\_  
 Special Care (non-school periods) \_\_\_\_\_  
 Tutoring \_\_\_\_\_  
 Private lessons (e.g., music, dance) \_\_\_\_\_  
 School tuition \_\_\_\_\_  
 School Supplies/expenses \_\_\_\_\_  
 Lunch Money \_\_\_\_\_  
 Other Educational Expenses (list):  
 \_\_\_\_\_  
 \_\_\_\_\_ SPORTS \_\_\_\_\_  
 \_\_\_\_\_  
 Allowance \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Baby Formula \_\_\_\_\_  
 Diapers \_\_\_\_\_  
 Medical, dental, prescription  
 (only out of pocket/uncovered  
 expenses) \_\_\_\_\_  
 Grooming, hygiene \_\_\_\_\_  
 Gifts (from children to others) \_\_\_\_\_

**AFFIANT'S OTHER EXPENSES**

Dry cleaning/laundry \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Medical, dental, prescription  
 (out of pocket/uncovered expenses) \_\_\_\_\_  
 Affiant's gifts (special holidays) \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Recreational Expenses (e.g.,  
 fitness, golf, bowling) \_\_\_\_\_  
 Vacations \_\_\_\_\_  
 Travel Expenses for Visitation \_\_\_\_\_  
 Publications \_\_\_\_\_  
 Organizations dues, clubs, etc. \_\_\_\_\_  
 Religious and charities \_\_\_\_\_  
 Pet expenses \_\_\_\_\_  
 Alimony paid to a former spouse \_\_\_\_\_  
 Personal Educational Expenses \_\_\_\_\_  
 Other Expense (attach sheet) \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

Entertainment \_\_\_\_\_  
 Activities (e.g. extra-curricular, sports,  
 religious, cultural, etc.) \_\_\_\_\_  
 Summer Camps \_\_\_\_\_

Child support paid for another child \_\_\_\_\_  
 Date of initial order: \_\_\_\_\_  
 Name of child \_\_\_\_\_

**OTHER INSURANCE**

Health Insurance Premiums \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_  
 Dental Insurance Premiums \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_  
 Vision Insurance Premiums \_\_\_\_\_  
Child(ren)'s portion: \_\_\_\_\_  
 Life Insurance Premiums \_\_\_\_\_  
 Relationship of Beneficiary: \_\_\_\_\_

Child support paid for another child \_\_\_\_\_  
 Date of initial order: \_\_\_\_\_  
 Name of child \_\_\_\_\_  
 Child support paid for another child \_\_\_\_\_  
 Date of initial order: \_\_\_\_\_  
 Name of child \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Retirement Contribution: \_\_\_\_\_

**TOTAL ABOVE EXPENSES** \_\_\_\_\_

**B PAYMENTS TO CREDITORS:**

(Place an "X" in the column for whom is to pay this debt.)

To Whom:	Balance Due	Monthly Payment	Joint	Plaintiff	Defendant

TOTAL MONTHLY PAYMENTS TO CREDITORS: \_\_\_\_\_ \$0.00

**C TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS:** \_\_\_\_\_

Other/ Comment/ Explanation:

**PARENTING CUSTODY AND VISITATION QUESTIONNAIRE**  
**(PLEASE COMPLETE IF YOUR DIVORCE INVOLVES CHILDREN)**

**A. Day-To-Day Decisions**

Each parent shall make decisions regarding the day-to-day care of a child while the child is residing with that parent, including any emergency decisions affecting the health or safety of a child.

**B. Major Decisions**

Major decisions regarding each child shall be made as follows:

Educational decisions	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint
Non-emergency health care	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint
Religious upbringing*	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint
Extracurricular activities	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint
_____	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint
_____	<input type="checkbox"/>	mother	<input type="checkbox"/>	father	<input type="checkbox"/>	joint

**E. Disagreements**

Where parents have elected joint decision making in Section II. B. above, please explain how any disagreements in decisions making will be resolved (e.g., correspondence, telephone conversations, third party tiebreaker vote, mediation, etc.):

Both parents agree to resolve their differences in good faith without ill will or malice towards each other and in the best interests of their child.

Both parties will use (Name of Family Member or Close Friend)

\_\_\_\_\_ to decide any dispute between the parties.

## II. Parenting and Visitation Schedule

### A. Residential Time With Each Parent

The Custodial Parent(s) (is):  Mother  Father

Under the schedule set forth below, each parent will have parenting time with the child in the approximate percentages stated below:

Mother: % \_\_\_\_\_ Father: % \_\_\_\_\_

(Total Must Equal 100%)

### B. The Parents Agree to the Following (check all that apply):

The parents shall make genuine efforts to refrain from arguments concerning visitations. Such arguments undermine the parents' relationship with the child and burden the child with the guilt of responsibility for such friction. The parents shall endeavor to cooperate with the child with the goal of reducing the strife and confusion surrounding the child when parents have elected to divorce. It is beneficial that the child experience affectionate care from both parents, and both of the parties hereto acknowledge that visitation exists primarily for the benefit of the child.

Both parties shall be diligent in having the child ready with the necessary belongings and available at the appointed times and the transporting party shall be prompt in picking up and delivering the child, provided, however, that the transporting parent for visitation shall have a grace period of fifteen (15) minutes

for pick-up and delivery if both parties live within a distance of fifty (50) miles from each other. If the one way distance to be traveled is in excess of one hundred (100) miles, the grace period shall be thirty (30) minutes. In the event the visiting parent exceeds the grace period, the visitation for that weekend is forfeited unless prior notification and arrangements have been made and except in cases where the visiting parent suffers an unavoidable breakdown or delay en route and the visiting parent promptly notifies the custodial parent by phone of the delay. Repeated violations by either parent shall be cause for granting a modification of the custody order either by changing custody or curtailing visitation, as the case may be.

In the event that the child develops a serious illness or injury while visiting with one parent, that parent shall promptly inform the other parent of the child's condition. Elective surgery shall be performed on the child only after both parents have consented to the same. Emergency surgery necessary for the preservation of life or to prevent a further serious injury or condition may be performed without the other parent's consent, provided, however, that if time permits, the other parent shall be consulted and, in any event, he or she shall be informed as soon as possible.

If either parent decides to relocate more than 100 miles away from the other parent's home, the moving parent must agree with the other parent concerning the movement of the minor child.

Neither party shall consume alcohol or illegal drugs and then operate a motor vehicle when the child is in his or her custody.

The parent in possession of the minor child will be responsible for supervising and assisting in any schoolwork immediately due and for any activity scheduled for the child. The parents agree to give each other reasonable notice of any activities scheduled during the other parent's possession of the child.

### C. Visitation

During the term of this parenting plan the non-custodial parent shall have at a minimum the following rights of visitation (choose an item):



The first and third weekend of each month.

The first, third, and fifth weekend of each month.

The second and fourth weekend of each month.

Every other weekend starting on \_\_\_\_\_.

Each \_\_\_\_\_ starting at \_\_\_\_\_ m. and ending \_\_\_\_\_ m.

**Other: Both Parents will do the following week schedule**

**Non-Custodial Parent will have a child at least one week per month not to exceed three weeks upon prior notice to Custodial Parent.**

**Sunday:**

**and weekday visitation on (choose an item):**

None

Every Wednesday Evening

Every other Wednesday during the week prior to a non-visitation weekend.

Every \_\_\_\_\_ and \_\_\_\_\_ evening.

Other: See week schedule

**For purposes of this parenting plan, a weekend will start at 5 pm Friday and end at 5 p.m. on Sunday.**

**Weekday visitation will begin at 5 p.m. and will end when the child return to school or day care the next morning .**

This parenting schedule begins at the date of the Court's Order

**D. Holiday Schedule (if applicable) and Other School Free Days (Attach School or District Schedule)**

Indicate if child will be with the parent in ODD or EVEN numbered years or indicate EVERY year: (Please put Mother or Father on the blanks below)

Martin Luther King Day	_____	_____
	EVEN	ODD
Presidents' Day	EVEN	ODD
Mother's Day	MOTHER	MOTHER
Memorial Day	EVEN	ODD
Father's Day	FATHER	FATHER
July Fourth	EVEN	ODD
Labor Day	EVEN	ODD
Halloween	EVEN	ODD
Thanksgiving Day & Friday	EVEN	ODD
Child(ren)'s Birthday(s)	EVEN	ODD
Other School Free Days	EVEN	ODD
Mother's Birthday	MOTHER	MOTHER
Father's Birthday	FATHER	FATHER
Religious Holidays:	_____	_____
_____		
_____		
Other:	_____	_____
Other:	_____	_____

Other: \_\_\_\_\_

If there is a conflict between the regular visitation schedule and the holiday schedule, the holiday schedule will prevail.

For the purposes of this parenting plan, the holiday will start and end as follows (choose one):

Holidays that fall on Friday will include the following Saturday and Sunday

Holidays that fall on Monday will include the preceding Saturday and Sunday

Other: \_\_\_\_\_

**E. Fall Vacation (if applicable) (Define)**

The day to day schedule shall apply or

\_\_\_\_\_  
\_\_\_\_\_

**F. Winter Vacation**

Parent will have a child alternating weeks with the non-custodial parent having the child on Wednesday.

**G. Spring Vacation (if applicable) (Define)**

**The day to day schedule shall apply except as follows: Parent will have a child alternating weeks with the non-custodial parent having the child on Wednesday.**

**H. Other extended periods of time during school, etc. (refer to the school schedule)**

**The day to day schedule shall apply except as follows: Father and Mother will give each other a minimum of two weeks' notice prior to taking vacation with Minor Child.**

**Sick Schedule: Both Father and Mother will consult with each other in good faith and in the best interests of the Minor Child and promise to work out schedule depending on Father's and Mother's work schedule.**

**I. Summer Vacation (Define)**

**The day to day schedule shall apply except as follows:**

**When holiday visitation conflicts with extended/summer visitation the (choose one):**

**holiday schedule will be observed**

**extended visitation will be uninterrupted**

**other: \_\_\_\_\_**

**J. Transportation Arrangements**

**For visitation, the place of meeting for the exchange of the child shall be:**

\_\_\_\_\_  
\_\_\_\_\_

The parent taking possession of the child will be responsible for transportation of the child at the beginning of visitation.

The parent taking possession of the child will be responsible for transportation of the child at the conclusion of visitation.

Payment of long distance transportation costs (if applicable) will be paid by:

mother  father  both equally

Define "long distance" for purposes of transportation: \_\_\_\_\_miles or more.

Other arrangements: \_\_\_\_\_.

If a parent does not possess a valid driver's license, he or she must make reasonable transportation arrangements to protect the child or child while in the care of that parent.

**K. Changes and Cancellations (please check if applicable):**

If the parents cannot agree on a requested change in the visitation schedule, the parents agree to seek voluntary mediation to resolve the differences prior to filing a modification with the Court. If mediation is requested, the cost of mediation will be paid by both parties equally .

**L. Telephone Access**

The parents agree that when the child or child reside with one, the other parent will have the right to unimpeded telephone conversations with the child or child as follows (check all that apply):

- Unrestricted telephone access to the child during reasonable hours and of reasonable duration.
- telephone calls to the child per week with the duration of each call not to exceed \_\_\_\_\_ minutes.
- The child are allowed to call either parent at any time.
- Neither parent will monitor the telephone conversations their child have with the other parent.
- Neither parent will use the child to communicate messages to the other parent.

Other provisions for telephone access:

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**M. Supervision of Parenting Time (if applicable)**

Check here if Applicable

Supervised parenting time shall apply during the day-to-day schedule as follows:

Place: \_\_\_\_\_

Person/Organization supervising: \_\_\_\_\_