

QUESTIONNAIRE

NAME: _____ DATE: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Work Phone: _____

Email Address: _____

ATTORNEY: _____ Phone: _____

Address: _____

City: _____ Zip: _____

INSTRUCTIONS: This is a quicker way to know you better. The questions have many possible answers and there are no right or wrong responses. Please respond briefly and honestly. Please email this form to the mediator at the email address provided on your Notice of Mediation.

<i>Is there a restraining order in your family? If so, describe:</i>

THE CHILDREN: Please consider each child separately in responding to these questions. Only the children involved in the custody or time-sharing dispute need to be considered in these responses.

Child(ren) involved:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

1. Describe each of your children's personalities. What do you like and dislike about them? What do you see as their strengths and weaknesses?
2. How, and for what, do you discipline your children?
3. How do you think your children will be, or have been, affected by the divorce or custody issues?
4. How do you rate yourself as a parent? What are your strengths and weaknesses?
5. How do you rate the other party as a parent? What are his/her strengths and weaknesses?
6. Do your children know their custody is being disputed or that there is a time-sharing problem? What have you told them about it?
7. What custody/time-sharing arrangements do you think would be most beneficial to each child? Why?

8. What reasons do you expect the other party will give as to why you should not be given custody of the children or should not have more time with them?

9. Has the court ordered you to attend Parenting Classes?

YOUR HISTORY:

10. How is your health, both mental and physical? Do you have any problems that have required long or continuous health care?

11. Are you employed? If so, what is your job and how do you like it? What do you like most and least about your work?

12. Since your separation or divorce, who have the children lived with? Please give dates.

13. *Do you or does the other party have other children? If so, please give their names, ages, and where they live.*

14. Are there any other adults who live with you or spend significant time with the child(ren) on a regular basis? Please list the name of each adult and their relationship to the child(ren) and/or parent. (Consider such people as grandparents or parents' significant others.)

15. Do any of the children have emotional or physical problems? What doctors or therapists have cared for them?

16. *Residence History: Please list the residences at which you have lived since the birth of the oldest child involved in this dispute. Start with your present address and work backwards. Please give the dates for each address.*

17. Employment History: Please list your employment history for the last ten years. Start with your present job and work backwards.

Job	Employer	Dates	Reason for Leaving
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18. Marital History: Please list the times you have been married. Begin with the present and work backwards.

Spouse's Name	Dates	Number of Children
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19. Do you, or does the other party, have any emotional or physical health problems? If so, please state the problem and if, how, and when it was resolved.

20. Have you, or has the other party, ever had a drinking or drug abuse problem? If so, please describe the problem and if, how, and when it was resolved.

21. Do you, or does the other party, have a criminal record or any criminal actions pending? If so, please state the offenses and sentences given.

22. Has there ever been a restraining order in your family? If so, when?

23. Are there allegations of abuse? If yes, please explain. Is there an investigation pending or completed?

24. The New Mexico Statute defines joint legal custody as being a continuation of the current situation. That is neither parent will make a major change affecting the child(ren) without consulting the other parent in the areas of religion, residence, non-emergency medical or dental care, education, or major recreational activities. Before such a change is made, the parents will discuss the matter, and both parents must agree.

25. The Status Quo - What you now have:

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name:				
Date of Birth:				
Age:				
Residence: (City & State Only)				
Religion:				
Doctor: (Name & Phone No.)				
Dentist: (Name & Phone No.)				
Child Care Provider (Names & Phone No.)				
School: (Name & Grade)				
Major Recreational Activities:				
Other:				

25. With regard to each child just listed, please indicate the following, specify the child's name:
Special Needs of each child such as learning disabilities, medical problems (like diabetes, epilepsy, heart problems, etc.), physical disabilities; etc.

Child 1 -

Child 2 -

Child 3 -

Child 4 -

Has the child ever received any type of counseling? If yes, when and with whom?
Child 1 -

Child 2 -

Child 3 -

Child 4 -

Has the child ever been abused by either parent?
Child 1 -

Child 2 -

Child 3 -

Child 4 -