

**Application with children**

**MEDIATOR QUESTIONNAIRE FOR CLIENTS WITH CHILDREN**

1. Who have you both determined the children will be living with (who will be the residential parent?)

Mother and her address

is \_\_\_\_\_

Father and his address is:

\_\_\_\_\_

Other:

\_\_\_\_\_

2. Income:

A. What is your annual gross income? (do not include overtime, bonuses, self-employment income, commissions, ADC, General relief, Supplemental Social Security Income, Food Stamps and child support for children not of this present marriage)

Mother's total annual gross income for this year is:

\_\_\_\_\_.

Father's total annual gross income for this year is:

\_\_\_\_\_

B. List overtime, bonuses and commissions for:

	Mother		Father
2001-how much do you expect this year	\$		\$
2000	\$		\$
1999	\$		\$
1998	\$		\$

3. Are you self-employed? *(Check all that apply)*

- Yes the mother is self-employed and the gross receipts for this year are \$ \_\_\_\_\_ and the ordinary and necessary business expenses to run the business this year are \$ \_\_\_\_\_
- Yes the father is self-employed and the gross receipts for this year are \$ \_\_\_\_\_ and the ordinary and necessary business expenses to run the business this year are \$ \_\_\_\_\_
- No, the mother is not self-employed
- No, the father is not self employed

4. What is your annual income from interest and dividends (stocks, bonds, etc)

- Mother: \$ \_\_\_\_\_
- Father: \$ \_\_\_\_\_
- Not Applicable- This item does not apply to us.

5. What is annual income from unemployment compensation?

Mother: \$ \_\_\_\_\_ and my claim number is \_\_\_\_\_.

Father: \$ \_\_\_\_\_ and my claim number is: \_\_\_\_\_.

Not Applicable- This item does not apply to us.

6. What is your annual income from worker's compensation?

Mother: \$ \_\_\_\_\_ and my claim number is \_\_\_\_\_.

Father: \$ \_\_\_\_\_ and my claim number is: \_\_\_\_\_.

Not Applicable- This item does not apply to us.

7. What is your annual income from disability insurance benefits or social security disability/retirement benefits?

Mother: \$ \_\_\_\_\_

Father: \$ \_\_\_\_\_

Not Applicable- This item does not apply to us.

8. Please list any other income:

Mother: \$ \_\_\_\_\_

Father: \$ \_\_\_\_\_

Not Applicable- This item does not apply to us.

9. Do you have legal custody of any other children not born during this marriage

Yes the father has custody of:

Name of child	Date of birth
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1.

2.

3.

Yes, mother has custody of:

Name of child	Date of Birth
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1.

2.

3.

Not applicable- we do not have custody of any other children.

10. Do you pay any **court ordered** child support?

Yes the mother pays \$ \_\_\_\_\_ per month for other children not of this marriage

Yes the father pays \$ \_\_\_\_\_ per month for other children not of this marriage

Not applicable- neither pays court ordered child support to children not of this marriage.

11. Please list any local taxes that you actually paid or estimate to be paid this year:

Mother paid or estimates that her local taxes in the amount of \$ \_\_\_\_\_

Father paid or estimates that he will pay local taxes in the amount of: \$ \_\_\_\_\_

Not Applicable- This item does not apply to us.

12. Do you have any mandatory work-related deductions subtracted from your check such as union dues, uniform fee, etc. (do not include taxes, social security or retirement deductions)

Mother has the following amount subtracted from her check \$ \_\_\_\_\_ for \_\_\_\_\_

Father has the following amount subtracted from his check \$ \_\_\_\_\_ for \_\_\_\_\_

Not Applicable- This item does not apply to us.

13. How much do you pay for childcare expenses each year for children born or adopted of the marriage? (For example day care expenses paid while you work or attend school)

Mother: \$ \_\_\_\_\_

Father: \$ \_\_\_\_\_

Not Applicable- This item does not apply to us.

14. What are your out-of-pocket expenses costs to provide health insurance coverage for the children born or adopted of this marriage?

Mother: \$ \_\_\_\_\_

Father: \$ \_\_\_\_\_

Not Applicable- This item does not apply to us.

15. Does your child/ren receive any benefits such as social security, veteran's benefits due to a death, disability or retirement of a parent?

Mother receives: \$ \_\_\_\_\_ every month for the benefit of \_\_\_\_\_ (child's name)

Father receives: \$ \_\_\_\_\_ every month for the benefit of \_\_\_\_\_ (child's name)

Not Applicable- This item does not apply to us.

16. Who have you decided will be paying child support?

Mother will pay: \$ \_\_\_\_\_ total monthly for \_\_\_\_\_ (Child's name)

Father will pay: \$ \_\_\_\_\_ total monthly for \_\_\_\_\_ (Child's name)

Not Applicable- This item does not apply to us.

17. List your employer below:

Mother \_\_\_\_\_

Name of employer

Address of Employer

I receive 12, 24, 26, 52 paychecks yearly  
yearly

Father. What

Name of employer

Address of Employer

I receive 12, 24, 26, 52 paychecks

18. What is the current address of your child/ren?

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

19. Please all addresses the child/ren have had in the past 5 years:

Present: From \_\_\_\_\_ to \_\_\_\_\_ 2001

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Who do they reside with? \_\_\_\_\_

Previous: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Who did they reside with? \_\_\_\_\_

Previous: From \_\_\_\_\_ to \_\_\_\_\_ .

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Who did they reside with? \_\_\_\_\_

Previous: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Who did they reside with? \_\_\_\_\_

20. Have you ever participated as a party, witness or any other capacity or any other litigation concerning the allocation of parental rights and responsibilities of the same child(ren) or that otherwise concerned the custody in this state or any other state?

- Mother: responds no
- Father responds no
- Mother: responds yes
- Father responds yes

21. I have no information of any parenting proceeding concerning the child(ren) pending in a Court of this or any other state.

- Mother: responds no
- Father responds no
- Mother: responds yes



- Father responds yes

21. I know of no person not a party to the proceeding who has physical custody of the child(ren) or claims to be parent of the child(ren) who is designated the residential parent and legal custodian of the child(ren) or to have visitation rights with respect to the rights to the child(ren).

- Mother: responds no
- Father responds no
- Mother: responds yes
- Father responds yes

22. I HAVE NOT BEEN convicted of or pledged guilty to any criminal offense involving any act that resulted in a child being an abused or neglected child nor have I been the perpetrator of the abusive or neglectful act that was the basis of an adjudication that a child is an abused or neglected child.

- Mother: responds no
- Father responds no
- Mother: responds yes
- Father responds yes

23. I have been a party to the following civil or criminal case or investigation concerning child abuse, child neglect or domestic violence:

<b>Case Number</b>	<b>Case Name</b>	<b>Case Dates</b>	<b>Nature of Case</b>
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- Mother:
  - 1.
  - 2.

3.

Father

1.

2.

3.

Not Applicable-we have never had such a case like the one described above.

24. What type of health insurance does the mother currently have available?

Name of Insurance company: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is this insurance available through the employer? \_\_\_\_\_

What is the monthly premium for an individual plan? \_\_\_\_\_

What is the monthly premium for an family plan? \_\_\_\_\_

How much do you pay monthly for the premium? \_\_\_\_\_

What are the coverages?

Major Medical \_\_\_\_\_ % \_\_\_\_\_ Deductible \_\_\_\_\_ co-pay

Dental \_\_\_\_\_ % \_\_\_\_\_ Deductible \_\_\_\_\_ co-pay

Prescriptions \_\_\_\_\_ % \_\_\_\_\_ Deductible \_\_\_\_\_ co-pay

Other Coverage \_\_\_\_\_ % \_\_\_\_\_ Deductible

\_\_\_\_\_ co-pay

Is this policy currently in effect?

Yes

- No

Who is covered?

- Self
- Spouse
- Dependent children of marriage

Is an insurance card currently available?

- Yes
- No

Is a prescription card available?

- Yes
- No

Please list name and address of the person who enrolls you for your insurance benefits at work?

Name \_\_\_\_\_

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

**MEDIATORS—MAKE COPIES OF INSURANCE CARDS AND COVERAGE INFORMATION!**

25. What type of health insurance coverage does the FATHER currently have available?

Name of Insurance company: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is this insurance available through the employer? \_\_\_\_\_

What is the monthly premium for an individual plan? \_\_\_\_\_

What is the monthly premium for an family plan? \_\_\_\_\_

How much do you pay monthly for the premium? \_\_\_\_\_

What are the coverages?

Major Medical \_\_\_\_\_ %      \_\_\_\_\_ Deductible      \_\_\_\_\_ co-pay

Dental      \_\_\_\_\_ %      \_\_\_\_\_ Deductible      \_\_\_\_\_ co-pay

Prescriptions      \_\_\_\_\_ %      \_\_\_\_\_ Deductible      \_\_\_\_\_ co-pay

Other Coverage      \_\_\_\_\_ %      \_\_\_\_\_ Deductible  
\_\_\_\_\_ co-pay

Is this policy currently in effect?

- Yes
- No

Who is covered?

- Self
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Is an insurance card currently available?

- Yes
- No

Is a prescription card available?

- Yes
- No

Please list name and address of the person who enrolls you for your insurance benefits at work?

Name \_\_\_\_\_

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

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**All of the statements are true to the best of my knowledge.**

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife