

Both Parties Must Complete A Questionnaire Which Will Be Referred To And Relied Upon During Mediation. All Sections Must Be Completed Or Marked N/A For Not Applicable

Name Of Person Filling Out This Questionnaire: _____

Marital Information: If You Were Not Married, Answer Questions As Partners And Parents

Date Of Marriage: _____ Never Married: _____

Place Of Marriage: (City, County, State): _____

Place Where Marriage Was Registered: (County /State): _____

Date Of Separation: _____

Name Of Wife (Partner): _____

Address: _____

City, State, Zip: _____

Phone(s) Day/Night: _____ Email: _____

Social Security #: _____ Date Of Birth: _____

Length Of Residence In Montana: _____

Does The Wife Want Her Premarital Name Restored? To What? _____

Name Of Husband (Partner): _____

Address: _____

City, State, Zip: _____

Phone(s) Day/Night: _____ Email: _____

Social Security #: _____ Date Of Birth: _____

Length Of Residence In Montana: _____

Information About Children Born During Marriage Or Partnership:

Name / M/F / Date Of Birth / Place Of Birth / ****City/County/State Of Residence During Past Year

#1 _____

#2 _____

#3 _____

#4 _____

Is There A Past Or Existing Parenting Plan Or Custody Order From Any Court In Any State? _____

If So, Please Give The Name, City, County And State Where The Court Is Located, The Court Docket Number,

And Provide A Copy Of The Court Order: _____

Information Contained In This Questionnaire Remains Confidential Except As Shared Between The Parties During Mediation Or As Needed To Satisfy Any Court Filing Requirements.

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Have There Been Any Other Court Orders Associated With This Marriage Or Partnership, Including Any Temporary Restraining Orders Or Orders Of Protection? _____

If So, Please Give The Name, City, County And State Where The Court Is Located, The Court Docket Number, And Provide A Copy Of The Court Order: _____

What Do You Believe Would Be A Workable Shared Parenting Plan Which Would Focus On The Best Interests Of Your Child And Allow Your Children The Benefits Of Having Both Their Parents Actively Involved In Their Lives? Please Include Suggestions For The School Year And Summer Recess Periods.

If Your First Choice For A Shared Parenting Plan Is Not Acceptable To Your Spouse/Partner, What Is Your Suggested Alternative Shared Parenting Plan? Please Include School Year And Summer Recess Periods.

What Provisions In The Parenting Plan Would You Consider Including In The Parenting Plan To Allow Your Children Regular Contact With Both Sets Of Grandparents And Other Extended Family Members? _____

What Provisions Would You Like Included In The Parenting Plan To Allow Your Children The Opportunity To Attend School And Special Activities And Not Detract From The Other Parent's Parenting Time? How should the costs of those activities be shared? _____

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Please Provide Suggested Time Ranges For The Following Special Occasions Parenting Schedule:

Holiday	Mother	Father
New Year's Day	_____	_____
Easter	_____	_____
Mother's Day	_____	_____
Memorial Day	_____	_____
Father's Day	_____	_____
July 4 th	_____	_____
Thanksgiving	_____	_____
Christmas Eve	_____	_____
Christmas Day	_____	_____
Mother's Birthday	_____	_____
Father's Birthday	_____	_____
_____ 's Birthday	_____	_____
_____ 's Birthday	_____	_____
_____ 's Birthday	_____	_____

Where Should The Physical Exchange Of The Children Take Place At The Start And End Of Any Parenting Time? _____

Would You Be Willing To Consider Attending Parenting Classes If They Were Available Free Of Charge And Would Benefit Your Children? _____

Do You Think You Could Become A Better Parent If You Had The Opportunity To Attend Parenting Classes? If So, How? _____

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Do You Believe It Would Benefit Your Children If Your Spouse/Partner Attended Parenting Classes? Why Or Why Not? _____

Have You Attended A "Children First Orientation" Session At The Courthouse? If So, When? _____

Do Any Of Your Children Have Any Special Needs Or Requirements Which Would Affect Any Parenting Times With Either Parent Or Which Would Need Special Attention? If So, Please Explain. _____

Who Provides Child Care And What Are The Current Monthly Child Care Costs? _____

Who Should Be Entitled To Claim Each Child As An Income Tax Deduction? Please List Each Child And Indicate Any Considerations Or Conditions Which Should Attach To The Grant Of The Tax Deduction.

Are You Paying Or Receiving Child Support And When Did Child Support Payments Start? Please Include The Amount Of Child Support, How Child Support Was Calculated, and How It Is Being Paid. _____

Have You Applied For Or Are You Currently Receiving Services From The Montana Child Support Enforcement Division? If So, Please Provide The Case #. _____

Do You Have Any Reasons Why Child Support Should Not Be Calculated Pursuant To The Montana Child Support Guidelines And Be Paid Through The Montana Child Support Enforcement Division? _____

Do You Have Medical Insurance Coverage For Your Children? If So, Who is the Insurance Provider? _____

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Does The Medical Insurance Coverage Include Vision And Dental? _____

How Should Any Deductibles And Uninsured Medical Expenses Be Shared? _____

If You Do Not Currently Have Medical Insurance Coverage, Is A Policy Available Through Your Employer And What Are The Costs And Deductibles?

Are There Any Other Factors You Would Like To Address In Working With The Other Parent To Reach An Acceptable Parenting Plan? (Additional Sheets May Be Attached) _____

Asset/Liability Information

Is There A Marital Home? If So, What Is The Address? _____

Who Will Keep The Marital Home? _____

Who Will Assume Responsibility For The Existing Mortgage? _____

Please Provide The Name And Address Of The Mortgage Company, The Existing Mortgage Balance, And Whether The Mortgage Is Current Or In Default, Along With A Copy Of The Current Mortgage Statement.

If There Is More Than One Mortgage On The Property, Please Provide The Same Information For Any Subsequent Mortgages. _____

Is There Any Equity In The Property? _____ How Much? _____

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Has There Been A Recent Market Report Or Appraisal On The Property? If So, Please Provide A Copy.

Have You Inquired With Your Mortgage Holder If They Will Do A Refinance Or Assumption To Remove One Party From The Loan? _____

Is There Any Other Real Estate Owned Individually By You Or Jointly With The Other Party? If So Please Provide The Same Information For Each Parcel Of Real Estate As Above. _____

Did You Or Any Other Person Provide The Down Payment For The Property? If So, Who And How Much?

Is There A Promissory Note Or Any Other Documentation That Shows The Down Payment Was Paid By Anyone Else? _____

Credit Cards And Other Debts

List Each Credit Card (Jointly Or Individually / The Last Four Digits Of The Account # / The Current Balance

Total Credit Card Debt _____

List Any Other Debts /Jointly Or Individually/ The Last Four Digits Of The Account # / The Current Balance

Total Other Debts _____

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Vehicles

Wife Or/Partner's Vehicles, Motorcycles, Boats Or RV's

Year / Make / Model / Estimated Value / Loan Balance / Joint Or Individual Title

Husband Or Partner's Vehicle's, Motorcycles, Boats Or RV's

Year / Make / Model / Estimated Value / Loan Balance / Joint Or Individual Title

Other Personal Property Such As Firearms, Jewelry, Collections, And Furnishings. These Items Do Not Need To Be Listed Individually And May Be Grouped Together And Estimated As A Group.

Wife Or Partner's Personal Property / Estimated Value

Total Value Of Personal Property _____

Husband Or Partner's Personal Property / Estimated Value _____

Total Value Of Personal Property _____

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If You Do Not Have Possession Of All The Personal Property You Believe You Should Have, Please List The Property You Would Like To Receive From The Other Spouse/Partner, Including Vehicles. _____

Retirement / Pension / 401K Accounts (Include How Many Years The Accounts Were Contributed To Or Were Accrued During The Marriage. (Example: Employed For 16 Years/ Married For 6 Years / Amounts Contributed To Retirement Account During That 6 Years If Known).

Wife / Partner's Retirement Accounts / Current Value /Amount Accrued During Marriage _____

Husband / Partner's Retirement Accounts / Current Value /Amount Accrued During Marriage

Bank Accounts : Checking And Savings (List But Do Not Include Account Numbers)/ Include Balance _____

Monthly Income And Source (List Any Public Assistance, SNAP, VA Benefits And Social Security Or Disability Benefits) _____

Monthly Housing Expenses (List utilities and Total) _____

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Other Monthly Expenses (Include Vehicle Insurance And Maintenance, Food, Clothing, Etc.) _____

Monthly Medical Expenses (Insurance Premiums, Deductibles, And Uninsured Medical Expenses) _____

Separate Maintenance / Spousal Support: If You Believe You Should Pay Or Receive Spousal Support, Please State The Reasons For Your Request And For How Long You Think You Should Receive Or Pay Spousal Support. _____

Did You Contribute Financially To Your Spouse's Education Or Any Business Owned By Your Spouse? If So, What Were Your Contributions? _____

Did Your Spouse Contribute Financially To Your Education Or Any Business Owned By You? If So, What Were Their Contributions? _____

Did You Receive An Inheritance Or Advance On Any Inheritance Which Was Used To Purchase Or Maintain Any Marital Property? If So, Please Provide The Amount And The Source Of The Inheritance.

Are There Any Other Issues Related To Assets And Liabilities You Would Like To Address? _____

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