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PARENTING MEDIATION QUESTIONNAIRE

Please complete this form and bring it with you to your orientation session. All information disclosed orally or in writing during the mediation shall be treated as confidential by the mediator, except as provided by statute.

YOURSELF

Full Name: _____
First Middle Maiden Last

Current Address: _____
Street/Apartment # City State Zip

Mailing Address (if you want mail sent from this office to a different address):

Street/Apartment # City State Zip

Email Address: _____
(include only if you want to correspond by email)

Telephone Number: Cell: _____ Home: _____ Work: _____

Fax Number: Home: _____ Work: _____

OTHER PARENT

Full Name: _____
First Middle Maiden Last

Current Address: _____
Street/Apartment # City State Zip

Mailing Address (if you want mail sent from this office to a different address):

Street/Apartment # City State Zip

Email Address: _____
(include only if the Other Parent wants to correspond by email)

Telephone Number: Cell: _____ Home: _____ Work: _____

Fax Number: Home: _____ Work: _____

CHILDREN

Children born or adopted during this marriage:

NAME	SEX	D.O.B./Age	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where are these children living now? _____ Is the paternity of your child(ren) an issue? _____
Have you and the Other Parent discussed a parenting plan? If so, please state the custody and visitation arrangement. _____

Do you plan to seek custody of these children? _____ Will the Other Parent contest this custody? _____

If you do not intend to seek custody, what visitation do you desire? _____

If you have custody or intend to seek custody, what visitation do you wish the Other Parent to have? _____

Is the paternity of your child(ren) an issue? _____

Do you or the Other Parent have a child or children from a previous marriage/ relationship? If yes, provide:

Name	Sex	D.O.B./Age
_____	_____	_____
_____	_____	_____

For each minor child identified, submit copies of previous child custody orders, if any and provide:

Name	Custodial Parent	Amount Paid/Received in Child Support per Month	Other Financial Obligations Paid for the Child
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Are there any employment-related day care expenses incurred for the child(ren)? If yes, give the amount of such expenses on a monthly basis and state to whom such expenses are paid:

Are there any extraordinary expenses (i.e., medical or dental expenses not covered by insurance) which are incurred for or on behalf of the child(ren)? If yes, state the total amount of the extraordinary obligation, the monthly payment and the name of the person or entity to whom the extraordinary expense is owed:

Health Insurance and Support

Are the children covered by health insurance? Yes () No ()

If yes, state:

Name of the employer or plan _____

Name of insurance _____

Who pays the premiums? You () Other Parent () A third Party (i.e., employer) ()

Total monthly cost of health insurance premiums: \$ _____

Cost of health insurance on monthly basis for child(ren) only: \$ _____

Are the children covered by dental insurance? Yes () No ()

If yes, state:

Name of the employer or plan _____

Name of insurance _____

Total monthly cost of premium: \$ _____

Cost of dental insurance on a monthly basis for child(ren) only: \$ _____

YOUR EMPLOYMENT AND INCOME INFORMATION

Are you employed? Yes () No ()
Employer's address:

Name of Company

Street Number

City State Zip

Telephone Fax

Are you self-employed? Yes () No ()
Job Title: _____
Date of Employment: _____

Salary: (Annual/Monthly)
Gross: \$ _____
Net (take home): \$ _____

Pay Period: Weekly () Monthly ()
Bi-Weekly () Twice/Month ()
Other ()

Check the benefits provided by your employer:
 Health Insurance Cost to you \$ _____
 Dental Insurance Cost to you \$ _____
 Vision Insurance Cost to you \$ _____

Life Insurance Cost to you \$ _____
 Disability Insurance Cost to you \$ _____
 Paid Vacation How Much? _____

Do you receive income from any other source? Yes () No ()
If so, please describe the source and the amount (i.e., child support, interest income, dividends, part-time employment, hobbies, trust income, disability income, etc.)

Please describe your employment history during the relationship/marriage:

Employer	Dates	Duties	Salary	Vested Retirement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you hold any professional, trade, business, occupational, or recreational license, certificate or other authorization in the Commonwealth of Virginia? Yes () No ()

Type of License: _____ License #: _____

Work Schedule: () 1st shift () 2nd shift () 3rd shift

Monday _____	Saturday _____
Tuesday _____	Sunday _____
Wednesday _____	Holidays _____
Thursday _____	
Friday _____	

Your Parenting Time Schedule:

Monday _____	Saturday _____
Tuesday _____	Sunday _____
Wednesday _____	Holidays _____
Thursday _____	
Friday _____	

OTHER PARENT'S EMPLOYMENT AND INCOME INFORMATION

Is Other Parent employed? Yes () No ()

Is Other Parent self-employed? Yes () No ()

Employer's address:

Job Title: _____

Name of Company

Date of Employment: _____

Street Number

Salary: (Annual/Monthly)

Gross: \$ _____

Net (take home): \$ _____

City State Zip

Pay Period: Weekly () Monthly ()

Bi-Weekly () Twice/Month ()

Other ()

Telephone Fax

Check the benefits provided by Other Parent's employer:

___ Health Insurance Cost to OP \$ _____

___ Life Insurance Cost to OP \$ _____

___ Dental Insurance Cost to OP \$ _____

___ Disability Insurance Cost to OP \$ _____

___ Vision Insurance Cost to OP \$ _____

___ Paid Vacation How Much? _____

Does the Other Parent receive income from any other source? Yes () No ()

If so, please describe the source and the amount (i.e., child support, interest income, dividends, part-time employment, hobbies, trust income, disability income, etc.)

Please describe Other Party's employment history during the relationship/marriage:

Employer	Dates	Duties	Salary	Vested Retirement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the Other Parent hold any professional, trade, business, occupational, or recreational license, certificate or other authorization in the Commonwealth of Virginia? Yes () No ()

Type of License: _____ License #: _____

Work Schedule: () 1st shift () 2nd shift () 3rd shift

Monday _____ Saturday _____

Tuesday _____ Sunday _____

Wednesday _____ Holidays _____

Thursday _____

Friday _____

Other Parent's Parenting Time Schedule:

Monday _____

Saturday _____

Tuesday _____

Sunday _____

Wednesday _____

Holidays _____

Thursday _____

Friday _____

