

PARENTING TIME QUESTIONNAIRE

The purpose of this questionnaire is to help clarify parenting time and make holidays fair and clear for each spouse and the children. Please be specific when filling out this questionnaire. If you have agreed on even and odd years please make a note by each holiday that it applies too.

Who has the child(ren) on the following Holidays:

- Easter**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

- Mother's Day**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

- Father's Day**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

- Memorial Day**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

- Summer Break**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____
Have you planned any vacations? Where: _____
Dates: Leave: _____ Home: _____

- Labor Day**
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

Halloween
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

Veterans Day
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

Thanksgiving
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

Winter Break
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____
Have you planned any vacations? Where: _____
Dates: Leave: _____ Home: _____

Christmas Eve
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

Christmas Day
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

New Years Eve
Who: _____
Date: From _____ To: _____
Pick Up Location: _____ Time: _____
Drop Off Location: _____ Time: _____

New Years Day

Who: _____

Date: From _____ To: _____

Pick Up Location: _____ Time: _____

Drop Off Location: _____ Time: _____

Please fill out the following information about your current home.

Current Value: _____

Mortgage: _____

What is the date you purchased your home? _____

Whose name is on the Title? _____

How much did you purchase your home for? _____

Please fill out the following information about any vehicles, trailers, RVs, ATV's Etc. you or your spouse own.

Vehicle 1.

Make _____ Model _____

Current Value _____ Purchase Price _____

Purchase Date _____

Whose name is on the title? _____

Vehicle 2.

Make _____ Model _____

Current Value _____ Purchase Price _____

Purchase Date _____

Whose name is on the title? _____

Vehicle 3.

- Make* _____ *Model* _____
- Current Value* _____ *Purchase Price* _____
- Purchase Date* _____
- Whose name is on the title?* _____

Vehicle 4.

- Make* _____ *Model* _____
- Current Value* _____ *Purchase Price* _____
- Purchase Date* _____
- Whose name is on the title?* _____

Vehicle 5.

- Make* _____ *Model* _____
- Current Value* _____ *Purchase Price* _____
- Purchase Date* _____
- Whose name is on the title?* _____

Vehicle 6.

- Make* _____ *Model* _____
- Current Value* _____ *Purchase Price* _____
- Purchase Date* _____
- Whose name is on the title?* _____