



When are the child(ren) with you and when are they with the other parent?  No schedule/Not applicable

What are your parenting time goals for Mediation/CCRC today?  Not applicable

What parenting or coparenting concerns would you like to talk about in Mediation/CCRC today?  None

Please **check everyone** who lives in your house *part-time or full-time*: TOTAL ADULTS\_\_ TOTAL KIDS\_\_

- MY PARTNER/SPOUSE       MY PARTNER'S KIDS       MY CHILD/REN
- FRIENDS/HOUSEMATES       OTHER'S KIDS       FAMILY \_\_\_\_\_

Please list all **children** in **this court case**:

**Child lives with:**

NAME _____	DOB _____	AGE _____	SEX _____	Mo _____	Fa _____
NAME _____	DOB _____	AGE _____	SEX _____	Mo _____	Fa _____
NAME _____	DOB _____	AGE _____	SEX _____	Mo _____	Fa _____
NAME _____	DOB _____	AGE _____	SEX _____	Mo _____	Fa _____

Please list any children not listed, above, who live in your home, even if only part-time:

NAME _____	AGE _____	SEX _____	RELATIONSHIP _____
NAME _____	AGE _____	SEX _____	RELATIONSHIP _____
NAME _____	AGE _____	SEX _____	RELATIONSHIP _____
NAME _____	AGE _____	SEX _____	RELATIONSHIP _____

Please list **your work** schedule information:

None/Not applicable

Type of Work \_\_\_\_\_ City: \_\_\_\_\_

Work Days/Hours/Schedule: \_\_\_\_\_

Please list **your** school, therapy, or other schedule information:

None/Not applicable

Please list **your children's** schedule information for school, any activities, regular therapy appointments, etc.:

School Name \_\_\_\_\_ City: \_\_\_\_\_ Hours: \_\_\_\_\_

Other Schedules: \_\_\_\_\_

School Name \_\_\_\_\_ City: \_\_\_\_\_ Hours: \_\_\_\_\_

Other Schedules: \_\_\_\_\_