

**Parenting Conference Initial Document**

The following document should be completed as thoroughly and honestly as possible. This assessment might include a review of professional documents as well as discussions with professional and personal collaterals. It is very important to identify as much information as possible. If any information is left out or if responses are not truthful, the conference report might be impacted. In addition, in most of these processes, the other parent or a collateral will identify information that was purposefully left out. Leaving out important will force the professional to question truthfulness of all information provided, including allegations about the other parent. Not all information will apply to your case. Skip those sections that do not apply.

**Today's Date:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ OK to leave messages? \_\_\_\_Y \_\_\_\_N

Mobil Phone#: \_\_\_\_\_ OK to leave messages? \_\_\_\_Y \_\_\_\_N  
OK to text? \_\_\_\_Y \_\_\_\_N

Email Address: \_\_\_\_\_

**What is your role in the case?** \_\_\_\_Petitioner \_\_\_\_Respondent

**Other Party's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

What is your Court Case #: \_\_\_\_\_ FC# \_\_\_\_\_

**Attorney Information:** \_\_\_\_ I am Pro Per (representing self)

Attorney Name: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Attny Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Who is your assigned Judge:** \_\_\_\_\_

**When is your next hearing date?** \_\_\_\_ There is no currently scheduled court date

Next Hearing Date: \_\_\_\_\_

**What is your case type?**

\_\_\_\_\_ Divorce (Date of Marriage: \_\_\_\_\_)                      \_\_\_\_\_ Paternity  
\_\_\_\_\_ Pre Decree/Order    \_\_\_\_\_ Temporary Orders                      \_\_\_\_\_ Post Decree/Orders

**What are the names and dates of birth for all children involved in this case? (feel free to add additional names in a separate WORD document)**

Child 1: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Child 2: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Child 3: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Child 4: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Child 5: Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

**Records: (If you need additional space, attach a WORD document with information)**

**Has CPS been involved with your family?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No (*If No, Skip Section*)

**Incident #1:** Dates of Involvement \_\_\_\_\_ to \_\_\_\_\_

Short description of the reason for involvement: \_\_\_\_\_

\_\_\_\_\_

CPS Report Numbers: \_\_\_\_\_

Outcome: \_\_\_\_\_ Substantiated    \_\_\_\_\_ Unsubstantiated    \_\_\_\_\_ Still Active

**Incident #2:** Dates of Involvement \_\_\_\_\_ to \_\_\_\_\_

Short description of the reason for involvement: \_\_\_\_\_

\_\_\_\_\_

CPS Report Numbers: \_\_\_\_\_

Outcome: \_\_\_\_\_ Substantiated \_\_\_\_\_ Unsubstantiated \_\_\_\_\_ Still Active

**Incident #3:** Dates of Involvement \_\_\_\_\_ to \_\_\_\_\_

Short description of the reason for involvement: \_\_\_\_\_

\_\_\_\_\_

CPS Report Numbers: \_\_\_\_\_

Outcome: \_\_\_\_\_ Substantiated \_\_\_\_\_ Unsubstantiated \_\_\_\_\_ Still Active

**Schools:** \_\_\_\_\_ None ( \_\_\_\_\_ Babysitter/Relativesitter \_\_\_\_\_ Homeschool)

**Child 1:**

Most recent school: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

Additional School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

**Child 2:**

Most recent school: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

Additional School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

**Child 3:**

Most recent school: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_

Additional School Name: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Years of Attendance: \_\_\_\_\_

**Child 4:**

Most recent school: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Years of Attendance: \_\_\_\_\_  
Additional School Name: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Years of Attendance: \_\_\_\_\_

**Child 5:**

Most recent school: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Years of Attendance: \_\_\_\_\_  
Additional School Name: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Years of Attendance: \_\_\_\_\_

**Police Incidents: (If you need additional space, attach a WORD document with information)**

\_\_\_\_\_ **There have been no police incidents (*Skip this Section*)**

**Incident 1:**

Name of Police Department: \_\_\_\_\_  
Date of Involvement: \_\_\_\_\_  
Short description of reason for involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police report numbers: \_\_\_\_\_

Detective(s): \_\_\_\_\_

Was anyone charged in the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who was charged: \_\_\_\_\_

Was there a conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Incident 2:**

Name of Police Department: \_\_\_\_\_

Date of Involvement: \_\_\_\_\_

Short description of reason for involvement: \_\_\_\_\_

\_\_\_\_\_

Police report numbers: \_\_\_\_\_

Detective(s): \_\_\_\_\_

Was anyone charged in the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who was charged: \_\_\_\_\_

Was there a conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Incident 3:**

Name of Police Department: \_\_\_\_\_

Date of Involvement: \_\_\_\_\_

Short description of reason for involvement: \_\_\_\_\_

\_\_\_\_\_

Police report numbers: \_\_\_\_\_

Detective(s): \_\_\_\_\_

Was anyone charged in the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who was charged: \_\_\_\_\_

Was there a conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Incident 4:**

Name of Police Department: \_\_\_\_\_

Date of Involvement: \_\_\_\_\_

Short description of reason for involvement: \_\_\_\_\_

\_\_\_\_\_

Police report numbers: \_\_\_\_\_ Detective(s): \_\_\_\_\_

Was anyone charged in the incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who was charged: \_\_\_\_\_

Was there a conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are there any other records that you deem relevant for this assessment? \_\_\_\_\_ No**

If yes, Please list the name and description of the records and the reason why

Record Name/description: \_\_\_\_\_

Why important? \_\_\_\_\_

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Why important? \_\_\_\_\_

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Why important? \_\_\_\_\_

Record Name/description: \_\_\_\_\_

Why important? \_\_\_\_\_

Record Name/description: \_\_\_\_\_

Why important? \_\_\_\_\_

**(if additional documents space is needed, please attach a separate WORD document)**

**Are there any individuals whose direct observations you believe should be considered for this assessment? (Please identify no more than 5) \_\_\_\_\_ No One (Skip Section)**

Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What has this individual observed: \_\_\_\_\_

\_\_\_\_\_ Na

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What has this individual observed: \_\_\_\_\_

\_\_\_\_\_ Na

Name 3: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What has this individual observed: \_\_\_\_\_

\_\_\_\_\_

Name 4: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What has this individual observed: \_\_\_\_\_

**Concerns:**

**Are any of the following issues related to this case? (check those that apply)**

\_\_\_\_\_ Does this case involve a request for custody by a non-parent?

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ There has been less than one year since a decree

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ There have been allegations of CPS/DCS involvement, child abuse or neglect

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ Child(ren) has/have identified a residence of preference

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ There has been a violation of parenting time rights

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ Does this case involve a request for custody by a non-parent?

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ A parent is a registered sex offender \_\_\_\_\_ Mom \_\_\_\_\_ Dad

(Please supply legal documentation of this allegation)

If yes, why is this issue to be considered: \_\_\_\_\_

\_\_\_\_\_ There are reports of domestic abuse  
If yes, why is this issue to be considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ There are concerns about substance abuse  
If yes, why is this issue to be considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_  
Why is this issue to be considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing Circumstances: (check all that apply)**

\_\_\_\_\_ Less than 12 months have passed since the custody decree was entered  
\_\_\_\_\_ Six months have passed since the joint custody order was entered and one parent has failed to comply with the provisions of that order.  
Who failed to comply? \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ The current order is for joint legal decision-making. Domestic Abuse, Child Abuse or Partner Abuse has been alleged since the entry of the joint custody order  
Who perpetrated the abuse? \_\_\_\_\_ Mother \_\_\_\_\_ Father  
Has the perpetrator been charged? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has the perpetrator been convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date of conviction: \_\_\_\_\_ Crime: \_\_\_\_\_  
Court of conviction: \_\_\_\_\_  
\_\_\_\_\_ Is there a current or past protective order? \_\_\_\_\_ Current \_\_\_\_\_ Past  
Who obtained the protective order? \_\_\_\_\_  
Describe what led to the protective order? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Has there been a domestic abuse conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Who was convicted? \_\_\_\_\_  
What were the circumstances leading to the conviction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Has either parent admitted current drug or alcohol abuse issues? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which parent? \_\_\_\_\_  
Describe the substance use: \_\_\_\_\_  
\_\_\_\_\_



Has either parent receive a substance abuse conviction in the past 12 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No Which parent(s)? \_\_\_\_\_

A conviction in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which Parent(s)? \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ There is reason to believe the child(ren)'s present environment may seriously endanger the child(ren)'s physical, mental, moral or emotional health.

Whose home environment is a concern? \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ You believe that jurisdiction over custody and parenting time was last exercised by another jurisdiction (that Arizona should not have jurisdiction over this case)?

Identify the Court or Indian Tribe outside of the Arizona Superior Court that might have jurisdiction: \_\_\_\_\_

Why do you believe another Court or Indian Tribe should have jurisdiction?

\_\_\_\_\_

\_\_\_\_\_

**Relocation:**

**Is either parent seeking to relocate out of Arizona?** \_\_\_\_\_ Yes \_\_\_\_\_ No *(if no, skip this section)*

Which parent is seeking to relocate? \_\_\_\_\_

Do you believe you or the other parent seeks to relocate in good faith? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

Do you believe you or the other parent are opposing the relocation in good faith? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

What do you believe are the prospective advantages of a move for improving the general quality of life for you or the other parent or for the child? \_\_\_\_\_

\_\_\_\_\_

What is the likelihood that if the child resides with you, after the relocation, that you will comply with parenting time orders? \_\_\_\_\_

\_\_\_\_\_

What is the likelihood that if the child resides with the other parent that that other parent will comply with parenting time orders? \_\_\_\_\_

Will the relocation allow a realistic opportunity for parenting time with each parent?  
\_\_\_\_\_

How much will a relocation affect the emotional, physical, or developmental needs of the child?  
\_\_\_\_\_

Describe your or the other parent’s motives for a relocation, including the extent to which you or the other parent may gain a financial advantage regarding continuing child support obligations:  
\_\_\_\_\_

Describe your motives for preventing a relocation, including the extent to which you may gain a financial advantage regarding continuing child support obligations: \_\_\_\_\_

**Legal Decision-Making:** \_\_\_\_\_ **This is not a current issue at this time (*skip this section*)**

Please describe your preference for legal decision-making (related to education, medical and education issues):

\_\_\_\_\_ One parent should be granted sole legal decision-making and shall be the primary custodial parent. Which parent? \_\_\_\_\_

\_\_\_\_\_ It is in the best interests of the child(ren) to request the court to approve:

\_\_\_\_\_ Sole Legal Decision-Making

\_\_\_\_\_ Joint Legal Decision-Making

If you chose joint legal decision-making, you are aware that the following will apply, subject to approval by the judge:

- 1) Review Parenting Plan:** You agree to review the terms of the joint legal decision-making agreement and make any necessary or desired changes on a consistent basis from the date of this document.
  - a.** How frequently do you agree to review the agreement? check one:
    - i.** \_\_\_\_\_ Review every 12 months
    - ii.** \_\_\_\_\_ Review every 24 months
    - iii.** \_\_\_\_\_ Review every 36 months
    - iv.** \_\_\_\_\_ Review every 60 months
    - v.** \_\_\_\_\_ Other (please explain frequency):

b. This joint custody agreement meets the criteria required by Arizona law (ARS 25-4-3):  
(initial next to each item indicating you agree)

- The best interests of the minor child(ren) are served
- Each parent's rights and responsibilities for personal care of the minor child(ren) and for decisions in education, health care and religious training are designated in this plan
- A schedule of the physical residence of the minor child(ren), including holidays and school vacations is included in this plan
- The plan includes a procedure for periodic review
- The plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
- The parties understand that joint legal decision-making does not necessarily mean equal parenting time

**2) Additional reasons I believe joint legal decision-making is the best arrangement:**

**Domestic violence** (check one):

- Domestic violence has not occurred during this relationship
- Domestic violence has occurred, but the domestic violence has not been significant
- I believe that joint legal decision-making is in the best interests of the child(ren) even though domestic violence has occurred for the following reasons (explain):

**Drugs and Alcohol** (check one):

- Neither parent has been convicted of driving under the influence or convicted of a drug offense within the past 12 months
- One of the parents has been convicted of driving under the influence or has been convicted of a drug offense within the past 12 months, but I feel joint legal decision-making is in the best interests of the child(ren) for the following reason(s) - explain:

**Parenting Time:**  **This is not a current issue at this time (Skip this Section)**

**Weekday and weekend schedule:**

Please identify your proposed plan for a standard access schedule:

The child(ren) will be in the care of the Father as follows: \_\_\_\_\_

The child(ren) will be in the care of the Mother as follows: \_\_\_\_\_

Other arrangements are as follows: \_\_\_\_\_

**Travel/Summer Months/Vacations:**

Please identify your proposed plan for a summer schedule:

\_\_\_\_\_ This weekday and weekend schedule (as described above) will apply for all twelve (12) calendar months, with no specific changes during summer months.

\_\_\_\_\_ I propose an alternative plan for the summer months:

During the summer months, Father will care for the child(ren): \_\_\_\_\_

\_\_\_\_\_

During the summer months, Mother will care for the child(ren): \_\_\_\_\_

\_\_\_\_\_

Other arrangements are as follows: \_\_\_\_\_

\_\_\_\_\_

Do you have a proposal for vacation time:

\_\_\_\_\_ Each parent may schedule a vacation period with the child(ren). Each parent would have a vacation period of how many weeks each year?

\_\_\_\_\_ 1 week    \_\_\_\_\_ 2 weeks    \_\_\_\_\_ 3 weeks    \_\_\_\_\_ 4 weeks

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

\_\_\_\_\_ Parents will negotiate details of their vacation time in advance. The parent planning to vacation with the child(ren) will provide the other parent with written notice of vacation plans plus an itinerary of travel dates and destination(s) where the traveling parent and child(ren) may be reached during the trip.

How much advance notice of a vacation should be given to the other parent?

\_\_\_\_\_ 1 week    \_\_\_\_\_ 4 weeks    \_\_\_\_\_ 8 weeks    \_\_\_\_\_ 12 weeks

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

\_\_\_\_\_ Should either parent travel with the child(ren) a certain distance from his/her home, the traveling parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which the parent and the child(ren) can be reached.

\* When should a parent be required to provide a travel itinerary to the other parent?

\_\_\_\_\_ If a parent travels \_\_\_\_\_ (enter number of miles) miles from home

\_\_\_\_\_ If a parent travels outside of Maricopa County

\_\_\_\_\_ If a parent travels outside of Arizona

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

\_\_\_\_\_ Neither parent shall travel with the child(ren) outside of Arizona for more than a certain number of days without prior written consent of the other parent or a Court Order authorizing the trip.

For how many days should a parent traveling outside of Arizona have written consent?

\_\_\_\_\_ Written consent should never be required to leave Arizona

\_\_\_\_\_ A parent should be required to obtain written consent if she/he seeks to leave Arizona for \_\_\_\_\_ (enter Number of days) days.

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

**Holiday Schedule:** (Takes priority over the regular parenting-time schedule)  
**Please check all that you would like to include in your parenting plan**

\_\_\_\_\_ ***Three-Day Weekends***

**Which parent should have parenting time during Federal holidays/three-day weekends?** (Columbus Day, President's Day, Memorial Day, Labor Day, etc.)

\_\_\_\_\_ The child(ren) will remain in the care of the parent who has the child(ren) for the weekend

\_\_\_\_\_ The children will be picked up \_\_\_\_\_ and returned \_\_\_\_\_

\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **New Year's Eve:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and in \_\_\_\_\_'s care in the even-numbered years

\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **New Year's Day:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and in \_\_\_\_\_'s care in the even-numbered years

\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Easter:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and in \_\_\_\_\_'s care in the even-numbered years

\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Spring School Break:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and in \_\_\_\_\_'s care in the even-numbered years

\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Mother's Day:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Father's Day:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **4th of July:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Halloween:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Fall School Break:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Thanksgiving:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Christmas Eve:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Christmas Day:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Winter School Break:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Child's Birthday:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Parent's Birthdays:**

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ **Other Holidays/Special Occasions: (List as many as needed)**

**Holiday:** \_\_\_\_\_

\_\_\_\_\_ The child(ren) will be in \_\_\_\_\_'s care in the odd-numbered years and  
in \_\_\_\_\_'s care in the even-numbered years  
\_\_\_\_\_ Other arrangements are as follows:

**Other Provisions to Consider**

**Telephone Access:** \_\_\_\_\_ **This is not an issue at this time (*Skip This Section*)**

**I would like the following telephone access provision**

\_\_\_\_\_ Each parent may have telephone contact with the children during the children's normal  
waking hours  
\_\_\_\_\_ Other arrangements are as follows:

\_\_\_\_\_ A telephone access requirement should not be included

**MEDICAL/DENTAL/EDUCATIONAL** \_\_\_\_\_ **This is not an issue at this time (*Skip Section*)**

**BOTH PARENTS HAVE THE RIGHT TO AUTHORIZE EMERGENCY MEDICAL TREATMENT**, if  
needed, and the right to consult with physicians and other medical/mental health practitioners.  
Both parents agree to advise the other parent immediately of any emergency medical/dental care  
sought for the child(ren), cooperate on health matters concerning the child(ren) and keep one  
another reasonably informed. Both parents agree to keep each other informed as to names,  
addresses and telephone numbers of all medical/dental care providers.

**Who should be permitted to make major medical decisions? (choose one)**

Both parents will make major medical decisions together, except for emergency situations

Parents should make decisions jointly, but if they are unable to agree, there should be a designated final decision-maker who will be the final decision maker regarding medical/dental decisions after consultation with the other parent.

If both parents do not agree, then the final decision regarding medical issues will be:

Mother       Father

**Education Participation: (choose one)  This is not an issue at this time (Skip Section)**

**How should each parent be permitted to participate in education activities?**

Both parents should be permitted to participate in school conferences, events, and activities, and the right to consult with teachers and other school personnel.

Both parents should not be permitted to participate in school conferences, events, activities, and the right to consult with teachers and other school personnel

**Education Decisions: (choose one)  This is not an issue at this time (Skip Section)**

**Who should be permitted to make major education decisions?**

Both parents will make major educational decisions together

Parents should make decisions jointly, but if they are unable to agree, there should be a designated final decision-maker who will be the final decision maker regarding medical/dental decisions after consultation with the other parent.

If both parents do not agree, then the final decision regarding education issues will be:  Mother       Father

**Religious Education Arrangements:  This is not an issue at this time (Skip Section)**

**How would you like to approach religious decisions? (choose each that you believe should be identified in your parenting plan)**

Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care

Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ (write down faith preference) faith

Parents agree that religious arrangements are not applicable to this plan



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

**If a major religious decision arises that is not addressed above, who should be permitted to make major religious decisions? (choose one)**

- \_\_\_\_\_ Both parents will make major religious decisions together
- \_\_\_\_\_ Parents should make decisions jointly, but if they are unable to agree, there should be a designated final decision-maker who will be the final decision maker regarding medical/dental decisions after consultation with the other parent.  
If both parents do not agree, then the final decision regarding religious issues will be: \_\_\_\_\_ Father \_\_\_\_\_ Mother

**Right of First Refusal: \_\_\_\_\_ This is not an issue at this time (*Skip this Section*)**  
**A right of first refusal/care provider of choice provision should be considered as follows: (check one)**

- \_\_\_\_\_ If either parent is unable to care for the child(ren) for a period of time, he/she will offer this time to the other parent before making other care provider arrangements.  
The period of time that a parent must be unavailable to require that the other parent be offered the time:  
\_\_\_\_\_ 4 hours \_\_\_\_\_ 8 hours \_\_\_\_\_ Overnight \_\_\_\_\_ Other:
- \_\_\_\_\_ A right of first refusal provision should not be included
- \_\_\_\_\_ Another form of a right of refusal provision for this or other matters: (explain)

**Are there any other provisions you would like to address?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes:  
Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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*heidiquinlan@counselingservicesofaz.com*

**What are your goals for the parenting conference sessions?** \_\_\_\_\_

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**How would you describe your relationship with your co-parent?** \_\_\_\_\_

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