

*These checklists are designed to help parents develop an effective Parenting Plan together.
Please use them to note your ideas for discussion in Mediation.*

DECISIONS FOR THE CHILD (JOINT OR SOLE LEGAL CUSTODY?)
CHECKLIST FOR MEDIATION

Who makes the decisions and what are they?

ISSUE	
Who Picks up / Drops off the children?	<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Both <input type="checkbox"/> Other_____
Does each Parent provide car seats? (if applicable)	<input type="checkbox"/> Y <input type="checkbox"/> N
Who decides extra-curricular activities?	<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Both
Travel out of the USA	<input type="checkbox"/> Y <input type="checkbox"/> N
Health system – hospital/clinic	
Medical Specialist	
Who makes appointments for non-emergency Medical/Dental Care?	<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Both
Dental provider	
Issues with Religion	
Name of Daycare / Babysitter(s)	1. 2.
School District	1. 2.
LEGAL CUSTODY <small>(DECISIONS: The responsibility for making major decisions affecting the child's education, religion, daycare/babysitter, authorization for medical and/or emergency health care, consent to obtain a driver's license, travel outside the U.S., tattoos and body piercings and, if under age, consent to marry or enter the military service.)</small>	<input type="checkbox"/> Sole Legal Custody with: Mom or Dad <input type="checkbox"/> Joint Legal Custody
Misc LC issues: Tattoos, body piercings, access to vehicle, cell phone, electronic devices	
PHYSICAL PLACEMENT <small>(TIME: Time physically spent with your child, when you are directly responsible for their safety, well-being and care.)</small>	<input type="checkbox"/> Primary Physical Placement with: Mom or Dad <input type="checkbox"/> Shared Physical Placement
Method of Communication between parents	<input type="checkbox"/> Phone/Text <input type="checkbox"/> Email <input type="checkbox"/> Our Family Wizard <input type="checkbox"/> Talking Parents <input type="checkbox"/> 2 Houses <input type="checkbox"/> Coparently <input type="checkbox"/> Cozi <input type="checkbox"/> Appclose
Child(ren)'s Last name?	If the child is under age one (1) and doesn't have your last name, you can request to change it during your mediation appointment.

*These checklists are designed to help parents develop an effective Parenting Plan together.
Please use them to note your ideas for discussion in Mediation.*

PART 1-PLACEMENT (TIME) CHECKLIST FOR MEDIATION

All dates listed on this checklist take priority over the Regular Placement schedule

BIRTHDAYS:		Time(s)	Every Year	Even Years	Odd Years
<u>Child/ren's Birthdate(s)</u>					
1.					
2.					
3.					
Mom's (date):					
Dad's (date):					
HOLIDAYS:					
New Year's Eve					
New Year's Day					
Easter					
Mother's Day					
Memorial Day					
Father's Day					
July 4th					
Labor Day					
Halloween					
Thanksgiving Day					
Christmas Eve					
Christmas Day					
NON SCHOOL/NON-HOLIDAYS:					
Mon-Fri:					
Spring Break					
Christmas Break					
OTHER SPECIAL DAYS:					
PERIODS OF VACATION:					
With Mom (total days):					
With Dad (total days):					