

*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