

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Guardianship of :

[Empty box for case name]

Custodial Guardianship Agreement and Family Plan

This Family Plan is for the following child(ren) of the parents:

Table with 2 columns: Name of Child, DOB. Multiple rows for listing children.

This Family Plan is agreed upon by the following parties:

- Guardian/Proposed Guardian:
Parent:
I am a: (check one) custodial parent non-custodial parent

We hereby agree that the Probate Division may issue an Order establishing a custodial minor guardianship for the minor child(ren) with [Name of guardian] as guardian under the

following terms and conditions:

- 1. As the guardian of the child(ren), I, [Name] agree that I will:
a) Take custody of the child(ren) and establish the child(ren)'s place of residence...
b) Make decisions related to the child's education;
c) Make decisions related to the child's physical and mental health...
d) Make the child(ren) available for parent child contact...
e) Make decisions concerning the child(ren)'s contact with persons other than the parents...

- f) File an annual status report with the Probate Division and provide a copy of the report to each parent.
- g) Consult with _____ prior to making decisions related to:
 - Name of parent or parents*
 - i.Changes in the child(ren)'s school;
 - ii.Changes in the child(ren)'s doctors or other medical providers;
 - iii.Other: _____
- h) Provide the parent(s) named above with notice and the opportunity to participate in:
 - i. Non-emergency medical appointments for the child(ren);
 - ii. Meetings with the child(ren)'s teachers or other school personnel;
 - iii. Other: _____

2. As a parent of the child, I, _____ agree that I will:
- Name of 1st parent*
- a) Make myself available for parent child contact as ordered by the Court. If due to an emergency, I am unable to have contact with the child, I will notify the Guardian as soon as possible.
 - b) Keep the Guardian and the Court informed of any changes in my address or phone number.
 - c) Other: _____

If only one parent is signing this agreement, skip to Question 4 and leave Question 3 blank. If two parents are signing the agreement, the other parent's name should be named in paragraph 3.

3. As a parent of the child, I, _____ agree that I will:
- Name of 2nd parent*
- a) Make myself available for parent child contact as ordered by the Court. If due to an emergency, I am unable to have contact with the child, I will notify the Guardian as soon as possible.
 - b) Keep the Guardian and the Court informed of any changes in my address or phone number.
 - c) Other: _____

4. Estimated Duration of Guardianship if Known: We agree that the guardianship established by the Court should remain in place until the following event or events take place: *(This section is optional)*

We understand that the guardianship cannot end before the child's 18th birthday without an order from the Probate Court terminating the guardianship.

5. Parent Child Contact Schedule:
 We agree that the Court may order contact between the parent(s) named above and the minor child(ren) as follows:
- a) Weekday and/or weekend contact during the school year:
- _____
- _____
- _____

b) Holiday contact:

c) Contact during school vacations:

6. Parent Child Contact for Non-Custodial parent (to be filled out only if there is an order establishing parent child contact for one of the parents).

The parent child contact schedule for _____ shall be as set forth
Name of parent

in the attached Order from the Family Division of the Vermont Superior Court or
 Out of State Court .

We, the undersigned, agree that the provisions of this parenting plan may be incorporated into the parental rights and responsibilities order of this court:

Parent's Printed Name

Parent's Signature *Date*

Parent's Printed Name

Parent's Signature *Date*

Proposed Guardian's Printed Name

Proposed Guardian's Signature *Date*