

Vermont Family Court Mediation Program  
Parent Coordination Services

Request for Additional Hours

FROM: \_\_\_\_\_  
Name of Parent Coordinator

RE: \_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff Defendant

Docket #: \_\_\_\_\_

Date of *Stipulated Parent Coordination Order*: \_\_\_\_\_

Number of Approved Hours: \_\_\_\_\_

Number of Hours already used: \_\_\_\_\_

I am requesting \_\_\_\_\_ additional hours of Parent Coordination services for the following reasons:

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Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Coordinator's Signature

Request approved by:

\_\_\_\_\_  
Parent Coordinator's Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature