

Case Data Completion Parent Coordination Information

Note to Parent Coordinators: At the close of each case, please complete this form and submit it or print it and return it to the program with your monthly invoice. If your final bill for a case, this form must be completed in order for the invoice to be processed.

1. Name of Parent Coordinator: _____

2. Date of completion: _____

3. County in which the case is filed: _____

4. Docket number: _____

5. Names of parties: _____

6. Total hours spent on case: _____ (If unknown put "unk".)

7. How many children were the subject of this PC order? _____

Number of children at each age? ____ birth-5 ____ 6-12 ____ 13-18 ____ Dependent over 18

8. Were there any other children affected by this order? yes ☐ no ☐ unknown ☐

9. Issues Addressed: Please check the issues addressed and any agreement information for each issue.

	<u>Addressed</u>	<u>Agreement Reached</u>
schedule for child	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/>
transportation (exchanges)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/>
parenting issues	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/>
other	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/>

10. Did the parties sign any partial stipulation at anytime during the process? yes ☐ no ☐

11. Did the parties sign any final stipulation at anytime during the process? yes ☐ no ☐

12. At the end of the case, if the parties did not sign a final stipulation, did you file a recommendation?
yes ☐ no ☐

13. If you filed a recommendation, did the judge accept your recommendations?

yes ☐ no ☐ in part ☐ unsure ☐

14. Were the parties represented or did they consult with an attorney *at any time during the PC process*?

Party 1	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> no (pro se)	<input type="checkbox"/> yes (attorney)
Party 2	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> no (pro se)	<input type="checkbox"/> yes (attorney)

If mailing this form, please return to:
Vermont Family Court Mediation Program
Office of the Court Administrator
109 State Street
Montpelier, VT 05609-0701