

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

Plaintiff,
vs.

Defendant.

)
)
)
)
)
)
)
)
)
)

No. _____

WASHINGTON COUNTY PARENT PLAN

THE FOLLOWING INFORMATION SHALL BE COMPLETED AND RETURNED TO:
Court Administrator—Civil Division, 1 South Main St, Suite G006, Washington, PA 15301
**NO LATER THAN THIRTY (30) DAYS FROM THE FILING OF THE CUSTODY
COMPLAINT OR MODIFICATION PETITION.**

The finder of fact may draw a negative inference against the party who fails to comply with this requirement. Failure of the Petitioner to comply with this requirement prior to the one hour meeting may subject them to being canceled.

INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SCHOOL DISTRICT: _____

TELEPHONE (CELL): _____ (HOME): _____

MARITAL STATUS (circle one): Single Divorced Widow/Widower Married Separated

IF DIVORCED/SEPARATED, DATE OF SEPARATION: _____

YOUR RELATIONSHIP TO THE CHILD(REN): _____

CURRENT PARTNER (if applicable): _____

PARTNER'S DATE OF BIRTH: _____

PROTECTION FROM ABUSE:

DO YOU HAVE A CURRENT PFA ORDER ON YOUR BEHALF (circle one)? Yes No

DO YOU HAVE A CURRENT PFA ORDER AGAINST YOU (circle one)? Yes No

DO YOU HAVE A CURRENT PFA ORDER ON BEHALF OF ANY MINOR CHILDREN INVOLVED IN THIS CASE (circle one)? Yes No

IS THERE ANY CUSTODY PROVISION IN YOUR PFA ORDER (circle one)? Yes No

IF YES, EXPLAIN and/or ATTACH A COPY OF THE PFA ORDER: _____

CYS:

IS THERE AN OPEN CYS CASE INVOLVING ONE OR MORE OF THE CHILDREN IN THIS CASE (circle one)? Yes No

IF YES, DO YOU HAVE A SAFETY PLAN (circle one)? Yes No

IF YES, EXPLAIN and/ or ATTACH A COPY OF THE SAFETY PLAN: _____

IS THERE A CLOSED CYS CASE INVOLVING ONE OR MORE OF THE CHILDREN IN THIS CASE (circle one)? Yes No

IF YES, ATTACH A COPY OF THE CYS CLOSURE LETTER.

IF YES, WHAT WAS THE DATE OF CLOSURE: _____

YOUR HOUSEHOLD:

MEMBERS OF YOUR CURRENT HOUSEHOLD:

Name:

Relationship to the child(ren):

YOUR EMPLOYMENT/CHILD CARE:

CURRENT OCCUPATION AND PLACE OF EMPLOYMENT: _____

IF EMPLOYED, IS YOUR SCHEDULE STEADY/PREDICTABLE (circle one)? Yes No
IF YES, WHAT ARE YOUR DAYS AND HOURS: _____

IF CHILDCARE IS NEEDED, WHO PROVIDES THIS CARE? _____

CHILD(REN) INVOLVED IN THIS CASE:

Child's Name:	Child's Age:	Where does this child live? (list person's name or address)
---------------	--------------	--

IF SCHOOL AGE, WHAT SCHOOL OR PRESCHOOL DOES EACH CHILD ATTEND?

Child's Name:	School:
---------------	---------

WHAT EXTRA-CURRICULAR ACTIVITIES, IF ANY, DOES EACH CHILD PARTICIPATE IN?

Child's Name:	Activities:
---------------	-------------

DO ANY OF THE CHILD(REN) HAVE SPECIAL NEEDS? (Please include any physical, emotional, mental health, developmental, and learning/educational special needs):

Child's Name:

Special Need(s):

LEGAL CUSTODY:

WHO CURRENTLY MAKES DECISIONS REGARDING THE CHILD(REN)?

WHO WOULD YOU LIKE TO BE ABLE TO MAKE DECISIONS REGARDING THE CHILD(REN)?

PHYSICAL CUSTODY:

DO YOU HAVE A CURRENT CUSTODY ORDER THAT YOU ARE FOLLOWING (circle one)? Yes No

IF YES, DATE OF THAT ORDER: _____

IF NO or IF YOU HAVE AN ORDER, BUT HAVE ANOTHER CUSTODY ARRANGEMENT, DESCRIBE YOUR CURRENT CUSTODY ARRANGEMENT:

DO YOU WANT YOUR CURRENT ORDER OR ARRANGEMENT TO REMAIN THE SAME (circle one)? Yes No

IF NO, WHAT WOULD YOU LIKE YOUR NEW SCHEDULE TO BE?

WHAT TRANSPORTATION ARRANGEMENT WOULD YOU PREFER?

IF YOU PREFER TO MEET AT A LOCATION, WHAT/WHERE IS IT?

HOLIDAYS:

WHICH OF THE FOLLOWING DO YOU PREFER (check all that apply):

- Splitting the day of each holiday in half.
- Getting the full holiday, but rotating every other year.
- Having all holidays spent with you.
- Having all holidays spent with the other party.

SUMMER:

DO YOU WANT A DIFFERENT PHYSICAL CUSTODY SCHEDULE DURING THE SUMMER MONTHS (circle one)? Yes No

IF YES, WHAT WOULD YOU LIKE THE SUMMER SCHEDULE TO BE?

DO YOU WANT EXTENDED TIME IN THE SUMMER FOR VACATION WITH THE CHILD(REN) (circle one)? Yes No

IF YES, WHAT WOULD YOU LIKE THE VACATION TO BE?

ISSUES/CONCERNS:

YOUR HOUSEHOLD:

IS THERE ANY DRUG OR ALCOHOL ABUSE (circle one)? Yes No

IF YES, EXPLAIN: _____

IS THERE ANY DOMESTIC VIOLENCE (circle one)? Yes No

IF YES, EXPLAIN: _____

OTHER PARTY'S HOUSEHOLD:

IS THERE ANY DRUG OR ALCOHOL ABUSE (circle one)? Yes No

IF YES, EXPLAIN: _____

IS THERE ANY DOMESTIC VIOLENCE (circle one)? Yes No

IF YES, EXPLAIN: _____

EXPLAIN ANY OTHER ISSUES OR CONCERNS: _____

DATE THIS PARENT PLAN WAS COMPLETED: _____

SIGNATURE: _____