

CHECKLIST FOR SAFETY-FOCUSED PARENTING PLAN

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| 1 | ACTED AS THOUGH VIOLENT BEHAVIOR AGAINST YOU OR YOUR CHILDREN IS RIGHT? |
| 2 | DAMAGED OR DESTROYED PROPERTY DURING AN ARGUMENT? |
| 3 | HURT A PET OUT OF ANGER? |
| 4 | BEEN SO SAD OR UPSET THEY COULD NOT CARE FOR THEMSELVES OR OTHERS? |
| 5 | PUSHED, SLAPPED, KICKED, PUNCHED OR HIT YOU OR YOUR CHILDREN? |
| 6 | REGULARLY ABUSED AND CURRENTLY ABUSES ALCOHOL OR DRUGS? |
| 7 | USED WEAPONS TO THREATEN OR HURT PEOPLE? |
| 8 | SERIOUSLY THREATENED NEVER TO RETURN THE CHILDREN? |
| 9 | THREATENED TO KILL YOU OR THE CHILDREN? |
| 10 | SEXUALLY ABUSED ANYONE BY FORCE, THREAT OF FORCE, OR INTIMIDATION? |
| 11 | BEEN SERVED WITH A PROTECTION OR NON-CONTACT ORDER? |
| 12 | BEEN ARRESTED FOR HARMING OR THREATENING TO HARM YOU OR ANYONE ELSE? |
| 13 | ENGAGED IN OTHER ABUSIVE OR THREATENING BEHAVIOR? |
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Any answers YES = Fill out a safety-focused parenting plan.

CHECKLIST FOR PARALLEL PARENTING PLAN

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- 1 I ONLY COMMUNICATE WITH MY CHILDREN'S OTHER PARENT BY USING EMAIL, CERTIFIED MAIL, A 3RD PARTY (ATTORNEY, RELATIVE, FAITH-BASED PROFESSIONAL) OR OUR CHILDREN. (This does not deserve a Yes answer if this is caused solely by living far apart.)
 - 2 I do not believe my children's Other Parent is a good parent.
 - 3 I do not trust my children's Other Parent to consistently use good judgment and make good decisions regarding our children.
 - 4 I keep written and/or recorded records of all contact between myself and my children's Other Parent.
 - 5 I feel it is okay to make all major decisions about my children without consulting the other parent, because I have our children's best interest at heart.
 - 6 My children's other parent and I can only exchange our children: in a public setting—with an adult third party present—with the police present—and/or by a safe physical distance.
 - 7 Because of my children's Other Parent's actions, I have serious concerns regarding our children's emotional and psychological functioning; peer or social relations; mother/children relationship; father/children relationship; school performance; behavior and/or physical health.
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One YES = fill out Highly Structured or Parallel Parenting Plan.

If ALL answers NO = fill out BASIC Parenting Plan.

