

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. _____

In re Guardianship of:

[Empty box for case name]

CUSTODIAL GUARDIANSHIP AGREEMENT AND FAMILY PLAN

This Family Plan is for the following children:

Form with 7 rows for child names and dates of birth.

This Family Plan is agreed upon by the following parties:

Form with checkboxes for Guardian/Proposed Guardian and two Parents, including sub-questions about custody type.

We agree the Probate Division may issue an order establishing a custodial minor guardianship with _____ (name) as guardian under the following terms and conditions:

Guardian

- 1. As guardian of the children, I agree I will:
a. Take custody of the children and establish their place of residence.
b. Make decisions about the children's education.
c. Make decisions about the children's physical and mental health.
d. Make the children available for parent-child contact.

- e. Make decisions about the children’s contact with persons other than their parents, including reasonable contact with their siblings.
- f. File an annual status report with the Probate Division and provide a copy of the report to each parent.
- g. Consult with _____ (name of parent or parents) before to making decisions about:
 - Changes in the children’s school.
 - Changes in the children’s doctors or other medical providers.
 - Other: _____
- h. Provide parents notice and the opportunity to participate in:
 - Non-emergency medical appointments for the children.
 - Meetings with the children’s teachers or other school staff.
 - Other: _____

Parents

2. My name is _____, and I am a parent of the children. I agree I will:
- a. Make myself available for parent-child contact as ordered by the Court. If I am unable to have contact with the children because of an emergency, I will notify the Guardian as soon as possible.
 - b. Let the Guardian and the Court know about any changes to my contact information, including my address or phone number.
 - c. Other: _____

*If only **one parent** is signing the agreement, leave paragraph 3 blank and **skip to paragraph 4**.
If **two parents** are signing the agreement, **complete paragraph 3**.*

3. My name is _____, and I am a parent of the children. I agree I will:
- a. Make myself available for parent-child contact as ordered by the Court. If I am unable to have contact with the children because of an emergency, I will notify the Guardian as soon as possible.
 - b. Let the Guardian and the Court know about any changes to my contact information, including my address or phone number.
 - c. Other: _____

4. Estimated duration of guardianship. (Optional)
We agree the guardianship should remain in place until the following events take place:

We understand 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 the Court may order contact between the parents and the children as follows *(Add additional pages if needed)*:

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 *(Optional. Fill out only if there is an order establishing parent-child contact for one of the parents.)*

The parent-child contact schedule for:

_____ *(name of parent)*

shall be as set forth in the attached Order from the *(choose one)*:

Family Division of the Vermont Superior Court

Out of State Court *(specify)*: _____ .

We agree the provisions of this parenting plan may be incorporated into the parental rights and responsibilities order of this court.

Consenting Parent 1

Date: _____ Signature _____

Printed Name _____

Consenting Parent 2

Date: _____ Signature _____

Printed Name _____

Proposed Guardian

Date: _____ Signature _____

Printed Name _____