

## Parenting Consultant Decision Request Form

*For Use by Parents Participating in the Parenting Consultant Process with Family Progress Partners and/or Kierstin Case as PC*

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### Instructions for Use

- Complete this form when requesting Parenting Consultant (PC) review, intervention, or decision-making on a parenting-related matter.
  - **You must copy the other parent** on your submission (email or physical copy).
  - **This process is not confidential.** Communications, documentation, and decisions may be part of court records if subpoenaed or challenged.
  - Submit completed forms to: **familyprogresspartners@gmail.com**
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### Section 1: Parent Information

#### Submitted by:

☐ Parent A – Name: \_\_\_\_\_

☐ Parent B – Name: \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

#### Issue Type (check all that apply):

☐ Parenting time conflict

☐ Exchange issues

☐ Holiday/vacation dispute

☐ School or extracurricular matter

☐ Communication concerns

☐ Safety concern

☐ Other (please specify): \_\_\_\_\_

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### Section 2: Summary of the Problem

Please describe the issue you are requesting the Parenting Consultant to review or decide:

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**When did the issue arise?** \_\_\_\_\_

**How often has it occurred (e.g., one-time, recurring, ongoing)?**

☐ One-time ☐ Weekly ☐ Monthly ☐ Ongoing ☐ Other: \_\_\_\_\_

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### **Section 3: Documentation or Evidence of the Concern**

Attach or describe any documentation relevant to the issue (e.g., messages, photos, calendars, school reports, prior agreements).

List attached or referenced documentation below:

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If not attached, how can these be accessed?

☐ Already shared with PC

☐ Available upon request

☐ Will provide by [date]: \_\_\_\_\_

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### **Section 4: Impact on Children or Family Functioning**

Please describe how the issue is affecting your child(ren)'s wellbeing or your family's ability to function effectively:

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### **Section 5: Other Sources of Information (Optional)**

Please list any professionals or other sources the PC may contact to better understand the issue (e.g., therapist, teacher, GAL):

**Name Role/Title Contact Info Release Provided?**

☐ Yes ☐ No

☐ Yes ☐ No

(Attach signed release forms if necessary.)

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**Section 6: Requested Assistance or Outcome**

Please describe what action or decision you are requesting from the Parenting Consultant. Be specific if requesting a schedule change, role clarification, or behavior modification.

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**Section 7: Certification and Copy Confirmation**

By signing below, I certify that:

- The information provided is accurate to the best of my knowledge.
- I have copied the other parent on this submission.
- I understand that the Parenting Consultant process is not confidential and this submission may be reviewed as part of court proceedings if requested.

**Signature:** \_\_\_\_\_

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

**Method of Copying Other Parent (check one):**

☐ Email

☐ Physical Mail

☐ Shared Parenting App

☐ Other: \_\_\_\_\_