

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
GEAUGA COUNTY, OHIO

IN RE _____ Case No. _____

I.D. No. _____

Judge Timothy J. Grendell

Parenting Coordinator Report

The Court appointed this case to parenting coordination on _____. The results of the parenting coordination sessions are set forth below:

<u>Date</u>	<u>Session</u>	<u>Agreement</u>	<u>Attendance</u>
_____	<input type="checkbox"/> Occurred <input type="checkbox"/> Terminated	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Occurred <input type="checkbox"/> Terminated	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Occurred <input type="checkbox"/> Terminated	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Occurred <input type="checkbox"/> Terminated	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Occurred <input type="checkbox"/> Terminated	<input type="checkbox"/> Yes <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No	_____

Request(s) to reschedule the parenting coordination session(s):

Name of requester: _____

Date: _____

Request approved: YES NO

Request(s) to reschedule the parenting coordination session(s):

Name of requester: _____

Date: _____

Request approved: YES NO

Decision(s) written by Parenting Coordinator

NO YES - If so, date(s) _____

Other: _____

Date(s) and time(s) of future parenting coordination session(s): _____

Respectfully submitted,

Parenting Coordinator

Date: _____