

**Confidential Communication**  
**Re: Parenting Time and Legal Decision Making**

**DATE SUBMITTED:**

**ORGANIZATION SUBMITTED TO:**

**STAFF MEMBER SUBMITTED TO:**

**SUBMITTED BY:**

***IDENTIFYING INFORMATION:***

<b>RE:</b> (minor child)	
DOB:	
ID #:	
<b>Father:</b>	<b>Mother:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>E-mail:</b>	<b>E-mail:</b>

Other adults living in the child's home or responsible for caregiving:
Stepparents:
Other:

**Dear Medical/Educational/Day Care/Other Provider,**

***ACCESS TO RECORDS:***

Both parents are equally entitled to all information related to their child regardless of the legal decision-making order. No one has the legal right to decide which records or information pertaining to their child they may request or access. Shared or sole legal decision-making authority does not necessarily indicate division of parenting time or how much time child spends with each parent (A.R.S. § 25-403.02(E)).

***Pursuant to A.R.S §25-403.06 Each parent is entitled to have access to prescription medication, documents and other information about the child unless the court finds that access would endanger seriously the child's or a parent's physical, mental, moral or emotional health.***

***OTHER ADULTS ON CHILD'S FILE:***

Other adults may be listed in the Child's records as emergency contacts. They have no legal decision-making authority and are not authorized to sign any consent forms for this child. The first emergency contact must be the other biological parent unless otherwise specified by Court order.

**Confidential Communication**  
**Re: Parenting Time and Legal Decision Making**

***CURRENT COURT ORDERED LEGAL DECISION-MAKING:***

\_\_\_\_\_ Joint Legal Decision-Making

\_\_\_\_\_ Joint Legal Decision Making w/Final Say to \_\_\_\_\_ Mother or Father \_\_\_\_\_

\_\_\_\_\_ Sole Legal Decision Making \_\_\_\_\_ Mother or Father \_\_\_\_\_

Additional Terms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***CURRENT PARENTING TIME ARRANGEMENTS:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions to Visitation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***COPY OF THE ORDER ATTACHED: The Order is Dated:*** \_\_\_\_\_

Please contact me with any questions or concerns at \_\_\_\_\_