

INSTRUCTIONS FOR A TRANSITION PLAN

The person requesting revocation shall attach to the motion a transition plan proposed to facilitate the reintegration of the child into the home of a parent or a new guardian. A transition plan should include, but not be limited to, information about the child's health, doctors, dentists, special medical needs, school, extra-curricular activities, religious worship, all visitation rights of the parties and other persons and any other matters relevant to the best interests of the child and how the needs of the child will be met after the termination of the kinship guardianship.

The Transition Plan should state what shared activities and contact the child will have with the guardian through the transition period and after the transition is complete. The child(ren)'s transition should occur over time moving from shorter meetings and visits to more frequent and longer visits with the reunifying parent assuming more and more parenting responsibilities and activities.

Transition Plan Suggestions

To make this transition easier for all of us, we agree as follows [choose all that apply]:

- We will both seek counseling.
- The child(ren) will receive counseling
- We will focus our attention and conversations on the children.
- Our plan to increase the amount of time _____ (*insert parent's name*) spends with the child(ren) and transition the child(ren) to _____ (*insert parent's name*) follows**:

**Be sure to include:

1. Dates, times and location of visits
2. Visit frequency
3. Visit length
4. Who will be present at visits
5. Visit conditions (e.g. specific behaviors that must or must not occur)
6. Transportation arrangements
7. Arrangements for monitoring, visit coaching, or supervision, if any
8. Plan for handling of emergency situations
9. Procedures for handling problems with visitation
10. Identifying information regarding the family members and others relevant to the visiting plan
11. Benchmarks or timeframes for increased visitation including when first overnights will occur

Sample Steps in a Reunification Process

Stage 1: Get support. Each parent and child should have a way to get support during the process. This could include a counselor, mediator or a trusted friend or family member.

Stage 2: Initial communication. Reuniting parent writes letter to child. Child and his/her other parent or support person read and discuss the letter together.

Stage 3: Initial parenting time. Brief encounters between the child and reuniting parent in a safe, supportive setting. This might include a counselor's office, the custodial parent's home or a public place such as a park or the zoo with supervision by a familiar person.

Stage 4: Introduction of child to the reuniting parent's home environment if appropriate.

STATE OF NEW MEXICO
COUNTY OF _____
EIGHTH JUDICIAL DISTRICT

_____, Petitioner(s)

No. _____

IN THE MATTER OF THE KINSHIP GUARDIANSHIP OF

_____,¹ (a) Child(ren), and concerning
_____, Respondent(s).

TRANSITION PLAN

_____ is the parent of _____
_____ (minor child/ren). The child(ren) in this matter are currently under
the guardianship of _____ (guardian/s). This
document is the transition plan I propose to reunify with my child(ren) and is in the best interests
of the child(ren).

To make this transition easier for all of us, I we agree as follows [choose all that apply]:

I will seek counseling.

If so, state the name of the counseling agency _____.

The child(ren) will receive counseling.

If so, state the name of the counseling agency _____.

When speaking with the guardian(s), I will focus our attention and conversations on the children.

My plan to increase the amount of time I spend with the child(ren) and transition the child(ren)
to my care follows**:

**Be sure to include:

1. Dates, times and location of visits
2. Visit frequency
3. Visit length
4. Who will be present at visits
5. Visit conditions (e.g. specific behaviors that must or must not occur)
6. Transportation arrangements
7. Arrangements for monitoring, visit coaching, or supervision, if any
8. Plan for handling of emergency situations
9. Procedures for handling problems with visitation
10. Identifying information regarding the family members and others relevant to the visiting plan
11. Any days and times for telephone contact to occur.

VERIFICATION

I affirm under penalty of perjury under the laws of the State of New Mexico that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

Parent (*print*)

Parent (*print*)

Parent signature

Parent signature

Date

Date

Mailing address

Mailing address

Physical address

Physical address

Telephone

Telephone

Email

Email