

IN RE: _____ Civil Action No. _____
 The Marriage / Children Of: _____

_____, and _____
 Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

PARENTING PLAN

This Parenting Plan is proposed

individually by _____, the Petitioner / Respondent.

**Every Individual Plan must be accompanied by a completed Worksheet.*

jointly by _____, and _____.

This plan is proposed for use temporarily / permanently / both temporarily and permanently.

CHILDREN

List the name and date of birth of all children subject to this Parenting Plan.

Name	Date of Birth	Name	Date of Birth

The other parent should not have parenting time with the children due to the following:

RESTRICTIONS

The Family Court can restrict a parent's contact with the children if the parent has engaged in certain kinds of conduct harmful to the children. To begin, you *must* read the following list of types of conduct that can require restrictions, and then you *must* read the rest of the Restrictions section and complete the items that apply to your situation.

CONDUCT THAT CAN REQUIRE PARENTAL RESTRICTIONS.

- The parent has abused, neglected, or abandoned a child.
- The parent has sexually assaulted or abused a child.
- The parent has committed acts of domestic violence.

CONDUCT THAT CAN REQUIRE PARENTAL RESTRICTIONS (continued).

- The parent has repeatedly interfered with the other parent's rights to contact or visit the children. But, this situation does not justify restrictions if the parent interfered with the other parent's access in order to protect a child's safety.
- The parent has repeatedly made unfounded reports of domestic violence, child abuse or neglect, or sexual abuse.
- A Court has issued a restraining order against the parent for domestic or family violence.
- The parent has neglected their responsibilities for caring for the children.
- The parent has engaged in alcohol, drug, or other substance abuse that has resulted in that parent neglecting their responsibilities for caring for the children.
- The parent does not have a loving emotional relationship with the children.
- The parent habitually starts arguments with the other parent, or the children.

Next, read the rest of the section, and complete the items you want to propose for your Parenting Plan.

NO RESTRICTIONS should be included in the Parenting Plan, because neither parent has engaged in any conduct harmful to the children.

RESTRICTIONS should be included in the Parenting Plan, and these restrictions should be placed on the Petitioner / Respondent. These restrictions should be included in the Parenting Plan because the Petitioner or Respondent has engaged in conduct harmful to the children. If you checked the "Restrictions" box, you *must* complete the following section by listing the reasons you think restrictions should be included in the Parenting Plan. (Describe the conduct you think requires restrictions. You may describe the kinds of conduct on the preceding list, or other conduct you think is harmful, even if that conduct is not on the list. If the issuance of a restraining order is the reason for restrictions, you must list the court in which the restraining order was issued, and the case number.)

Reasons for Restrictions:

If you checked the "Restrictions" box, you *must* complete the following items to propose the types of restrictions you want included in the plan.

VISITATION

No Visitation should be granted to the following individual:

Petitioner. Respondent.

Other Individual(s): _____.

SUPERVISED VISITATION

Visitation with the children should be supervised. (If you checked this box, you must complete the next item.)

Visitation should be supervised by: _____, at the following location: _____.

(You can propose any person you trust, a professional person such as a counselor or psychologist, a minister, or an agency or organization such as a mental health or social services agency or organization. Provide a telephone number for the person or organization you propose; make certain that person or organization has agreed to act as the supervisor, and will attend the hearing at which these arrangements are discussed.)

SUPERVISED TRANSFERS

Transfer of the children from one parent to another should be supervised. (If you checked this box, you must complete the next item.)

Transfers should be supervised by: _____, at the following location: _____.

(You can propose any person you trust, a professional person such as a counselor or psychologist, a minister, or an agency or organization such as a mental health or social services agency or organization. Provide a telephone number for the person or organization you propose; make certain that person or organization has agreed to act as the supervisor, and will attend the hearing at which these arrangements are discussed.)

Other Proposed Restrictions:

DECISION MAKING

Two decision-making rules apply to all cases, and all Parenting Plans.

1. The parent with whom a child is residing makes all day-to-day decisions about the care and control of the child.
2. Either parent may make emergency decisions affecting the health or safety of the children, at any time regardless of the parent with whom the children are residing at the time.

Major Decisions

Use the following list to propose whom you think should make each type of decision.

TYPE	PETITIONER	RESPONDENT	SHARED
Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, Dental, Eye Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Matters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School and After School Activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked the box for no visitation under the restrictions section, you only need to sign the Parenting Plan and Verification on the last page of this form.

HOW WILL THE CHILDREN'S TIME BE SHARED BY THE PARENTS

In this section you will propose, from this day forward, how much time you think the children should spend with each parent. The first part of this section covers preschool children, the second part covers children in school, and the third part covers holidays for all of the children.

Detailed and accurate proposals of how the children's time will be shared are very important. When a schedule for sharing the children's time is adopted by the Court and made part of a Court Order, that schedule will be the basis for the Court's calculation of child support. For this reason, it is very important for the schedule to show the real number of days the children will spend with each parent.

For example, do not make a 50/50 schedule just to make one parent feel good if you know the children will actually spend 80% of their time with one parent, because if you do, the parent with whom the children spend 80% of the time will end up with child support payments based on a 50/50 schedule, and those payments will be too small to cover the real number of days the children spend with that parent.

When you fill out these schedules, make certain you account for every day of the week, and all of the hours in the day. Make certain you account for the times parents will be on vacation from their jobs. Remember, holidays are covered separately in the third part of this section.

CHILDREN NOT IN SCHOOL

Children's names: _____.

These children will reside with Petitioner and Respondent according to the following schedule.

PETITIONER - WEEKDAYS	
<i>Mark the day if the children will reside with Petitioner some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.</i>	
<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
PETITIONER - WEEKENDS	
<i>Mark the weekends of the month the children will reside with Petitioner all or part of the weekend, then fill in the time and day blanks.</i>	
<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____	to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
- OR -	
<input type="checkbox"/> 1st:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
RESPONDENT - WEEKDAYS	
<i>Mark the day if the children will reside with Respondent some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.</i>	
<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
RESPONDENT - WEEKENDS	
<i>Mark the weekends of the month the children will reside with Respondent all or part of the weekend, then fill in the time and day blanks.</i>	
<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____	to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
OR	
<input type="checkbox"/> 1st:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

CHILDREN IN SCHOOL

Children's names: _____.

These children will reside with Petitioner and Respondent according to the following schedule.

PETITIONER - WEEKDAYS	
<i>Mark the day if the children will reside with Petitioner some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.</i>	
<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
PETITIONER - WEEKENDS	
<i>Mark the weekends of the month the children will reside with Petitioner all or part of the weekend, then fill in the time and day blanks.</i>	
<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____	to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
- OR -	
<input type="checkbox"/> 1st:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
RESPONDENT - WEEKDAYS	
<i>Mark the day if the children will reside with Respondent some or all of that day, then check All Day if that applies, or fill in the times if All Day doesn't apply.</i>	
<input type="checkbox"/> Monday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Tuesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Wednesday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Thursday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
<input type="checkbox"/> Friday:	<input type="checkbox"/> All Day - OR - From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
RESPONDENT - WEEKENDS	
<i>Mark the weekends of the month the children will reside with Respondent all or part of the weekend, then fill in the time and day blanks.</i>	
<input type="checkbox"/> Alternating ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____	to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
OR	
<input type="checkbox"/> 1st:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 2nd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 3rd:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 4th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____
<input type="checkbox"/> 5th:	From ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____ to ___:___ <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m. on _____

HOLIDAYS

The following chart lists nationally recognized holidays and family occasions such as birthdays, and provides space for you to write in other special family occasions. For each holiday or occasion, in the columns "Even Year," and "Odd Year," use a "P" or "R" to indicate the parent with whom the children will spend each holiday or other occasion. Then, indicate the exact times the holiday period with the parent will begin and end. If a child will spend part of a holiday with one parent, and part with the other, put an "X" in the "Split Day" column, and in the "Exchange Time" column indicate when one parent's time with the child ends, and the other parent's time begins.

Holiday	Even Year	Odd Year	Time with the Parent:		Split Day	Exchange Time
			From	To		
New Year's Eve			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
New Year's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Martin L. King Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
President's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Easter			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Spring Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Memorial Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
July 4th			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Labor Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Thanksgiving Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Thanksgiving Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Eve			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Christmas Break			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Hanukkah			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Kwanza			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Other Occasions	Even Year	Odd Year	Time with the Parent:		Split Day	Exchange Time
			From	To		
Petitioner's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Respondent's Day			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Petitioner's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Respondent's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Child's Birthday			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
Halloween			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.
			: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.		: <input type="checkbox"/> a.m./ <input type="checkbox"/> p.m.

If you are unable to provide the proposed parenting plan in the days and times provided in the prior pages, please provide a detailed explanation below:

SUMMER AND OTHER VACATION TIMES

This plan proposes that in addition to the residential and holiday scheduling listed above, the parents will vary these schedules to divide school/work vacations as described in this section.

The parents will work together to make arrangements for specific dates and times for vacation no later than one month in advance of the time requested for vacation.

The child(ren) shall spend (how many?) _____ vacation days / weeks with Petitioner and (how many?) _____ vacation days / weeks with Respondent.

Dates:

DESIGNATION OF LEGAL CUSTODIAN

Federal and state laws require that the parent with whom the children spend the majority of time be designated as the children's legal custodian. You may choose to alternate the legal custodian between the even and odd years.

Under this Parenting Plan, the designated legal custodian is the:

- Petitioner.
- Respondent.
- Alternates yearly between Petitioner and Respondent. *(Designate a schedule below.)*

During evenly numbered years the legal custodian is the Petitioner. *or* Respondent.

During oddly numbered years the legal custodian is the Petitioner. *or* Respondent.

If the parent with whom the children spend the majority of time is not the same for all of the children, you must make separate legal custodian designations.

_____ Legal Custodian: Petitioner Respondent Alternating
Child's Name

TRANSFERS OF THE CHILDREN FROM PARENT TO PARENT

When a child's time with one parent ends, and time with the other parent begins, the Parenting Plan must provide standard arrangements for transferring your child. Propose those arrangements in this section. Part 1 is for weekdays; Part 2 is for weekends. *One transfer arrangement is the same in all Parenting Plans.* The parent waiting for the children shall always allow the parent bringing the children a 30 minute grace period.

1. Weekday transfers occur at the

Petitioner's Residence. Respondent's Residence. Child's School.

Other location: (Specific address.) _____.

Time of transfer: ____:____ a.m./ p.m.

Other arrangements. (Be specific.)

2. Weekend transfers occur at the

Petitioner's Residence. Respondent's Residence. Child's School.

Other location: (Specific address.) _____.

Time of transfer: ____:____ a.m./ p.m.

Other arrangements. (Be specific.)

TRANSPORTATION ARRANGEMENTS FOR THE CHILDREN

The arrangements for, and costs of everyday transportation will be the responsibility of the parent with whom the child is residing.

OR

The following arrangements will apply:

Special Travel

The arrangements for, and the cost of special or unusual travel will be the responsibility of:

Petitioner. Respondent. (Examples: trips by airplane, bus, or train to visit a distant parent, or travel by these methods for school trips.)

OR

The following arrangements will apply:

TELEPHONE CONTACT BETWEEN PARENTS AND CHILDREN

The parent with whom a child is not residing needs to make special efforts to stay in touch with the child; and the parent with whom a child is residing needs to encourage the child to stay in touch with the other parent. In this section you will propose the arrangements for these communications.

Child Calling A Parent

A child may call the parent with whom the child is not residing:

- At any time.
- Weekdays between the times of: ____:____ a.m. / p.m. *and* ____:____ a.m. / p.m.
- Weekends and holidays between the times of: ____:____ a.m. / p.m. *and* ____:____ a.m. / p.m.
- Other: _____

Long distance calls from child to the parent will be paid for by _____.

Parent Calling Child

A parent with whom a child is not residing may call the child:

- At any time.
- Weekdays between the times of: ____:____ a.m. / p.m. *and* ____:____ a.m. / p.m.
- Weekends and holidays between the times of: ____:____ a.m. / p.m. *and* ____:____ a.m. / p.m.
- Other: _____

Long distance calls from parent to the child will be paid for by _____.

COMMUNICATION BETWEEN PARENTS

Parents need to regularly communicate with each other to provide the best possible care for their children, and to reduce the stress on the children. In this section you will propose the arrangements for these parent-to-parent communications.

FIVE REQUIREMENTS APPLY IN ALL CASES. Read each of these five requirements, and check the boxes to show you have read the requirements.

- 1. The parents will inform each other as soon as possible about all of the children's school, sports, and other activity schedules to ensure nothing interferes with the children's participation.
- 2. The parents will always let each other know their current residence addresses, mailing addresses, home, work, and emergency telephone numbers, and will notify each other within 24 hours of any changes in these matters. BUT, this requirement does not apply in cases in which the Family Court has allowed the withholding of identifying information.
- 3. The parents will never say anything in the children's presence that would reduce the children's love or affection for either parent.
- 4. The parents will never allow any person in the children's presence to speak poorly of an absent parent.
- 5. The parents will never discuss disagreements or financial matters in the children's presence.

COMMUNICATION BETWEEN PARENTS (continued)

The next requirement is optional. (To propose it as a part of your Parenting Plan, check the box.)

A parent will not schedule activities for the children during the other parent's scheduled parenting time, unless the parent with the parenting time agrees in advance. The only exceptions are:

*Use the following space to propose any other communications arrangements you want as part of your Parenting Plan.

CHANGES IN PARENTING PLAN ARRANGEMENTS

As the children grow, their lives, activities, and schedules will change. In the short term, parents and children will have occasional, unavoidable changes in their schedules. From time to time, such changes will require changes in Parenting Plan arrangements. By agreeing ahead of time how these changes in the Parenting Plan will be handled, you can avoid the time and expense of going back to Family Court.

Three rules always apply to changes.

- 1. If one parent requests a non-emergency change in the Parenting Plan arrangements, the parent receiving the request will decide whether to permit the change.**
- 2. If a change in Parenting Plan arrangement is required because of an emergency, the parent with custody of the children at the time of the emergency does not require advance agreement of the other parent to make the change, but must notify the other parent of the emergency as soon as possible.**
- 3. Don't use the children to communicate changes in the Parenting Plan arrangements.**

Proposals for handling non-emergency changes in Parenting Plan arrangements:

- A parent receiving a request for a change will never use a request for a change as a bargaining chip, or as a way to punish the parent making the request.
- A parent making a request for a change will make the request
 in person. by phone. in writing. by e-mail.
- A parent making a request for a change will make the request as soon as possible, but in any event, no less than _____ before the change is to occur.
- A parent receiving a request for a change will respond as soon as possible, but in any event, must respond within _____ after receiving the request.

CHANGES IN PARENTING PLAN ARRANGEMENTS (continued)

- A parent receiving a request for a change will respond
 - in person. by phone. in writing. by e-mail.
- A parent requesting a change will be responsible for any additional child care or transportation costs caused by the change.
- Other arrangements:

MILITARY PARENTS

If one or both parents are members of the Navy, Air Force, Marine Corps, Coast Guard, National Guard or a reserve component of these services, then the parents shall provide the parenting arrangements while one or both parents are deployed for combat operations, a contingency operation, a natural disaster, or military school or training, based on orders that do not permit family members to accompany the parent. If a parent is deployed as provided above and said deployment substantially changes the parenting agreement, the parents agree the children will reside during the deployment with:

- Petitioner.
- Respondent.
- Other Individual(s): _____

When the deployment is completed the parents agree to:

- Return to the parenting agreement prior to deployment immediately.
- Other:

If a military parent is on break or leave during a deployment as described above then all reasonable efforts shall be made to allow parenting time for the military parent.

ADDITIONAL TERMS AND CONDITIONS

The Parenting Plan form is designed to cover most, if not all, necessary matters. However, if you want the plan to address subjects not covered by this form, you need to write a detailed description of the additional terms and conditions you want included in the plan. If you have no additional terms and conditions to include, you must check the following line.

- NO additional terms and conditions.
- Additional terms and conditions are:

SETTLING DISAGREEMENTS

Despite a good Parenting Plan, and the best intentions of the parents, disagreements may still arise from time to time. These disagreements will be harmful to the children, and to the parents. By agreeing in advance on a way to settle disagreements, you can avoid the time and expense of going back to Family Court. In this section you can propose how you want to settle any disagreements that may arise.

Disagreements about the Parenting Plan should be handled in the following manner:

- Counseling. Conducted by: _____.
- Mediation. Conducted by: _____.
- Other means: _____.

Costs of settling disagreements should be handled as follows:

Petitioner pays _____ % of the costs. Respondent pays _____ % of the costs.

- The person settling the disagreement will decide how the costs are shared.

Parents should notify each other of disagreements in the following manner:

- In writing. In person. By telephone. By certified mail.
- Other: _____.

THE FAMILY COURT'S POWER TO ENFORCE PARENTING PLANS

Once the Family Court accepts and adopts a Parenting Plan proposed by the parties jointly or individually by one party, the plan becomes a Court Order, and must be obeyed. This means both parents must abide by all of the terms and conditions of the Parenting Plan. Even if one parent violates the Parenting Plan, the other parent does NOT have the right to violate the plan in retaliation.

WAYS IN WHICH THE FAMILY COURT CAN ENFORCE A PARENTING PLAN

If the Parenting Plan provides a remedy for a violation of the plan, the Court can use its power to enforce that remedy. If the Court thinks that remedy is inadequate, the Court can enforce another remedy of the Court's choosing.

If a parent interferes with the other parent's rights to custody or visitation, the Court can order make-up time to compensate for time missed with the children.

If a parent wrongly caused the other parent to miss time with the children, the Court can award monetary compensation for the missed time, and can award child care costs and other expenses caused by the missed time.

If a parent violates the Parenting Plan, the Court can modify the plan in favor of the parent who did not violate the plan. The Court can change custodial responsibility to favor the non-violating parent, or the Court can grant exclusive custodial responsibility to the non-violating parent. The Court can order a parent violating a Parenting Plan to submit to counseling. The Court can order a parent violating a Parenting Plan to pay a civil penalty up to \$100 for a first violation, up to \$500 for a second violation, or up to \$1,000 for a third violation.

The Court can order a parent violating a Parenting Plan to pay the other parent's court costs, attorney's fees, and any other expenses that parent incurred to return to Family Court to enforce the Parenting Plan.

You must sign the plan, and the Verification, which appears on this page following the signature lines.

Signatures: (Petitioner and Respondent both sign only if submitting a Joint Proposed Parenting Plan.)

Petitioner (Print Name.) Signature Date

Respondent (Print Name.) Signature Date

VERIFICATION

(One parent signs Verification for Individual Proposed Plan.
Both Parents sign Verification for Joint Proposed Plan.)

I / we, _____,
after making an oath of affirmation to tell the truth, say that the facts I/we have stated in this Proposed Parenting Plan are true to the best of my/our personal knowledge and belief; and if I/we have provided information given to me/us from others, I/we believe that information to be true.

Parent's Signature Date

Parent's Signature Date

This Verification was sworn to or affirmed before me on the _____ day of _____, 20_____.

Notary Public / Other Official

My commission expires: _____.