

# PARENTING PLAN

## QUESTIONNAIRE

1. **General Instructions:**

- a. The court requires that each party submit a proposed "parenting plan." Please answer the following questions so we can draft a plan for your case.
- b. A Permanent Plan is designed to govern the care of all dependent children of the parents named below. **Note:** If any major differences apply to one or more children, use separate forms for each child.
- c. If necessary, additional sheets may be attached.

2. **Limitations:**

- a. Should there be **any special limitations** of a parent's contact with the child(ren), limitations in decision-making or dispute resolution? If so, what are they?

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- b. **Specific Reasons for Limitation:** (child abuse, domestic violence, mental or physical illness, child abandonment or neglect, severe conflict with spouse, alcohol or drug abuse, kidnapping or denial of access to child): Please explain

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3. **Decision-Making:** Each parent may make decisions regarding the day-to-day care and control of the child while the child is residing with that parent. Major decision should be made as follows:

- a. **Education:** (check one)

Mother     Father     Both parents together

b. **Non-emergency health care:** (check one)

Mother  Father  Both parents together

c. **Religious upbringing:** (check one)

Mother  Father  Both parents together

d. **Other items:** (check one)

\_\_\_\_\_  
[describe]

Mother  Father  Both parents together

e. **Special provisions for decision-making, if any:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **Residential Provisions:** The following provisions provide for where the child(ren) will live and what contact they will have with each parent. Please describe your preference and proposal by answering the following questions:

**When the Children are Under the Age of Six Years:**

a. Until a child attains the age of three years, the \_\_\_\_\_ shall have the child in his/her care on a daily basis. The other parent shall have the child in his/her care on the following days from \_\_\_\_\_ .m. \_\_\_\_\_ .m., or as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. After a child attains the age of three years and until the child attains the age of six years, the \_\_\_\_\_ shall have the child in his/her care on a daily basis. The other parent shall have the child in his/her care on the following days from \_\_\_\_\_ .m. to \_\_\_\_\_ .m., or as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When the Children are School Age:**

a. **School year schedule:** The school year schedule begins one week before the beginning of the child(ren)'s school year.

b. **The child(ren) should spend school weekdays** with \_\_\_\_\_, except the following school weekday nights, if any, shall be spent with the other parent:

\_\_\_\_\_ (days) from \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

c. **The child(ren) should spend school year weekends** from \_\_\_\_\_ (day), \_\_\_\_\_ .m., to \_\_\_\_\_ (day), \_\_\_\_\_ .m., as follows:

1st weekend of each month with: \_\_\_\_\_

2nd weekend of each month with: \_\_\_\_\_

3rd weekend of each month with: \_\_\_\_\_

4th weekend of each month with: \_\_\_\_\_

5th weekend of each month with: \_\_\_\_\_

d. **Summer schedule:** The summer schedule begins the Saturday following the end of the child(ren)'s school year and ends one week before the beginning of the next school year. If the child(ren) are/is not in school, the schedule runs from June 1st through August 31st.

e. **The child(ren) should spend the summer** with each parent as follows: [Specify dates and times.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. **The child(ren) should spend special days and holidays** with each parent as follows:

	With Mother	With Father	With Alternate	Adjacent Weekends
New Years	_____	_____	_____	_____
President's Day	_____	_____	_____	_____
Memorial Day	_____	_____	_____	_____
July 4th	_____	_____	_____	_____

Labor Day	_____	_____	_____	_____
Thanksgiving	_____	_____	_____	_____
Christmas	_____	_____	_____	_____
Child(ren)'s Birthdays	_____	_____	_____	_____
Mother's Day	_____	_____	_____	_____
Father's Day	_____	_____	_____	_____
Martin Luther King Day	_____	_____	_____	_____

Other days or special arrangements, including parent vacations:

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g. The child(ren) should spend **spring break** with each parent as follows (specify dates and times):

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h. The child(ren) should spend **Christmas/winter break** (**NOT** including Christmas Day and Christmas Eve Day) with each parent as follows (specify dates and times):

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i. **Transportation** of child(ren) between parents should be provided as follows:

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**5. Dispute Resolution in Implementing Plan Following Conclusion of Matter:**

Disputes between the parties, other than child support disputes, shall be submitted to:

counseling by \_\_\_\_\_

mediation by \_\_\_\_\_

arbitration by \_\_\_\_\_

The cost of this process shall be allocated between the parties as follows:

\_\_\_\_\_% mother \_\_\_\_\_% father

based on each party's proportional share of income from line 6 of the child support worksheets.

as determined in dispute resolution process.

The counseling, mediation or arbitration process shall be commenced by notifying the other party by  written request,  certified mail or  other.

**DECLARATION IN SUPPORT OF PARENTING PLAN**

Please provide details regarding each parents' role in the care of the children by describing:

1. The mother's performance of parenting functions relating to the daily needs of the child(ren) during the past twelve months:

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2. The mother's work schedule for the past twelve months:

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3. The mother's current work schedule:

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4. The father's performance of parenting functions relating to the daily needs of the child(ren) during the past twelve months:

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5. The father's work schedule for the past twelve months:

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6. The father's current work schedule:

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7. The child-care schedule for the past twelve months:

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8. The current child-care schedule:

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**Child Care; Other Expenses for Children.**

a. The current total monthly day care expenses of the child(ren) are: \$ \_\_\_\_\_

b. \_\_\_\_\_ shall pay \_\_\_\_\_% of day care; other parent shall pay the remainder.

c. Other costs or special needs (e.g. physical therapy, orthodontic, tutoring): \_\_\_\_\_

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