



Resulting in \_\_\_\_\_ number of overnights each month.

The child(ren) will be in the care of \_\_\_\_\_ (name) who is the  mother  father  other \_\_\_\_\_ (please specify relationship to the child) during the week as follows:

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

Resulting in \_\_\_\_\_ number of overnights each month.

**8. SPECIAL EVENTS/HOLIDAYS/VACATIONS**

We agree to the below table of special events for each parent to spend special events, holidays, and vacations with the minor children.

<u>Event</u>	Odd years	Even years	All Years	Time & Place of exchange
Spring Break				
Easter				
Mother’s Day/Weekend				
Memorial Day/Weekend				
Father’s Day/Weekend				
July 4 <sup>th</sup>				
Labor Day/Weekend				
Halloween				
Thanksgiving Day/Break				
Christmas Eve				
Christmas Day				
Week 1 of Winter Break				
Week 2 of Winter Break				
Children’s Birthdays				
Other (Identify)				
Other (Identify)				

**9. OTHER PARENTING TIME ARRANGMENTS (list other parenting time arrangements that have not been accounted for in paragraphs 7 and 8.)**

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

*We also agree that the child(ren) shall have reasonable telephone access to each parent, that we will notify each other of any intended travel plans, and not take the child(ren) out of the state without approval from the other parent. We agree to try to be flexible and accommodate each other with any adjustments in the scheduled time and with special circumstances.*

**10. DECISION-MAKING**

We understand that day-to-day decisions such as minor training or correction, minor medical and dental care, curfew, chores, allowance, clothing and hygiene will be made by the parent which has the child(ren) at the time.

Major decision such as major medical non-emergency, educational and religious training will be made as follows:

- Solely by one parent  Mother **OR**  Father **OR**  Other party \_\_\_\_\_ (name)
- Jointly by both parents/parties after consultation with each other, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
*Either party may authorize emergency care but, if possible, we will try to first contact the other parent.*

**10. RELOCATION**

If either party decides to relocate with the children to a location which would affect the other parties' parenting time, the decision to relocate shall be made:

- Solely by one parent  Mother **OR**  Father **OR**  Other party \_\_\_\_\_ (name)
- Jointly by both parents/parties. If we cannot agree on a new parenting plan, we will request the Court to make that decision

**11. WE AGREE TO:** (1) Keep each other aware of any address and telephone number at which the child(ren) are located; (2) Share all medical and scholastic records about the child(ren); (3) Use our best efforts to communicate about the child(ren)'s best interests; **and** (4) Not use the child(ren) to convey information.

**12. TAXES**

We agree that any tax deduction for the child(ren) shall be taken as follows:

\_\_\_\_\_  
**13. FUTURE CONFLICT RESOLUTION**

If we have a dispute regarding this parenting plan in the future, we agree to enter into  mediation **OR**  parenting coordinator.

**14. CHILD SUPPORT**

We agree that \$ \_\_\_\_\_ is the appropriate child support amount due each month, payable from \_\_\_\_\_ to \_\_\_\_\_ on the \_\_\_\_\_ of each month.

*A child support worksheet is attached.*

Child support will be paid:

- Directly from \_\_\_\_\_ to \_\_\_\_\_.

**-or-**

- Through the Family Support Registry.

