

**Complete all highlighted areas of this form. If something does not apply, use N/A.**

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <u>Pueblo</u> County, Colorado Court Address: <u>501 N. Elizabeth, Room 116</u> <u>Pueblo, CO 81003</u> <hr/> In re: <input type="checkbox"/> The Marriage of: <input checked="" type="checkbox"/> Parental Responsibilities concerning: <u>Jesse Doe</u>  Petitioner: <u>Willy John &amp; Mary Jane Wonka</u> – (Grandparents) and Co-Petitioner/Respondent: <u>John Doe &amp; Jane Doe</u> – (Parents)	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <div style="border: 2px solid blue; border-radius: 50%; padding: 10px; width: fit-content; margin: 20px auto;"> <p style="text-align: center;"><b>This information is on the Petition</b></p> </div>
Attorney or Party Without Attorney (Name and Address): <u>Willy John &amp; Mary Jane Wonka</u> <u>123 Alphabet Street</u> <u>Pueblo, CO 12345</u> Phone Number: <u>719-696-1224</u> E-mail: <u>MJW@superstar.net</u> FAX Number: _____ Atty. Reg. #: _____	Case Number: <u>18DR500</u>  Division <u>402</u> Courtroom <u>402</u>

**PARENTING PLAN**

**EXAMPLE ONLY – COMPLETE FORM AS IT APPLIES TO YOUR SITUATION.**

You **must** submit to the Court some form of **written Parenting Plan** addressing all of the issues which are relevant to the facts of your case. The written Parenting Plan must contain provisions for the allocation of parental responsibilities including decision-making and parenting time. You may use this form as a Parenting Plan to submit to the Court. This standard form **does not** include every possible issue that may be relevant to the facts of your case. A section entitled "Other Terms" is available for you to identify unique issues that you may have in your case. **If you need more space than is provided, attach additional pages to the form. Any additional pages must include signatures.**

To promote agreement among parties where the children are involved, parties may jointly create a written Parenting Plan. If you do not enter into a joint written Parenting Plan, you must each file your own written Parenting Plan. Without an agreement, the Court **must** enter its own plan which may be a plan filed by one of the parties or may be entirely different. Whether the Court approves your plan or enters its own, the Parenting Plan will become a Court Order.

**Check the box that applies.**

**This is a:**

- ☒ **Full Joint Parenting Plan** (we agree to everything and the plan is signed by all parties.)
- ☐ **Partial Joint Parenting Plan** (we agree to some things and the plan is signed by all parties.)
- ☐ **Parenting Plan prepared by one party** (no agreement.)

→ If this is a partial joint Parenting Plan or a Parenting Plan prepared by one party, please complete and file with the Court **JDF 1129 - Pretrial Statement** to identify issues that you have not agreed on. **This is a required form if you have any issues that you cannot agree on. A hearing may be necessary to address the issues.**

**The Petitioner is the child(ren)'s:** Grandparent(s) who filed the case.

☐ Father ☐ Mother ☒ Other Party (state relationship to child(ren) Grandparent(s))

**The Co-Petitioner/Respondent is the child(ren)'s:** Parents.

☐ Father ☐ Mother ☐ Other Party (state relationship to child(ren) Parent(s))

**The child(ren) are:**

Full Name of Child	Present Address	Sex	Date of Birth
Jesse Doe	123 Alphabet Street, Pueblo, CO 12345	M	05/05/05

## **Section A: Allocation of Parental Responsibilities (Decision-making)**

**Important Information – Read all sections A-F and answer as appropriate.**

1. The parties understand that day-to-day decisions such as minor training or correction, minor medical and dental care, curfew, chores, allowance, clothing, hygiene, etc. will be made by the party who has the child(ren) at the time such decisions are necessary.
2. Each party will inform the other party of any changes with their address and/or phone numbers in advance.
3. Both parties will provide the names, addresses, and telephone numbers of all medical, dental, and mental health care providers. Either party may authorize emergency care, but if possible both parties agree to contact the other party first.
4. Unless otherwise ordered by the Court for good cause shown, state law provides that both parties have access to the records of the child(ren) including school, medical, dental, and mental health records, pursuant to §14-10-123.8, C.R.S.
5. For purposes of school attendance only, the child(ren)'s residence will be with the:

☒ **Petitioner** ☐ **Co-Petitioner/Respondent** ☐ **Other Party**

**Check as appropriate**

- **Petitioner is child's grandparents**
- **Respondent is the child's parents**

We have identified below whether the major decisions (Education, Medical/Dental Mental Health, and Religious) will be joint or will be made by one party. If major decision will be made by someone other than one of the parents, check the "Other Party" column. **Note:** The Other Party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan.

Type of Major Decision-Making	Joint	Petitioner	CoPetitioner Respondent	Other Party
Educational, if needed specify:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical/Dental/Mental Health, if needed specify:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Religious, if needed specify:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Extracurricular and Recreational Activities, if needed specify:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please identify):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Select the party who will be making decisions for the child(ren)**

- Joint would be both the grandparent's and parents
- Petitioner would be the grandparents
- Co-Petitioner/Respondent would be the parents

## Section B: Allocation of Parental Responsibilities (Parenting Time)

Parties are encouraged to create a Parenting Plan that meets the needs of the child(ren) and individual needs of their family. If you have any unique issues, please identify them under “other” or provide an attachment to this Parenting Plan. If a party fails to comply with a provision of this plan, child support is not affected, unless the Child Support Order is modified and then only with respect to future payments of child support.

### 1. Weekday and Weekend Schedule during the School Year

The child(ren) will be in the care of the Petitioner (Grandparent(s)). List the days of the week and times.

Example: Jesse will be in the care of the grandparents all the time

The child(ren) will be in the care of the Co-Petitioner/Respondent (Parents(s)). List the days of the week and times.

Example: None of the time.

☐ The child(ren) will be in the care of \_\_\_\_\_ (name of Other Party).

**Note:** This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. **Do not list babysitters and day care providers as the Other Party.** List the days of the week and times.

**This section would only be completed if there is a non-parent who may share physical custody of the child. Non-parents will not be listed in this parenting plan unless they are actual parties to the case.**

Transportation and drop-off/pick-up arrangements will be as follows:

Explain how transportation will be arranged and who will be responsible for pick-up and drop off of the child(ren).

EXAMPLE: Mother will pick up and drop off child from grandparent's house when it is to be her parenting time.

### 2. Summer Schedule

Pick the option for your situation. If the 1<sup>st</sup> option is chosen, go straight to paragraph 3 (Holidays).

→ ☐ The weekday and weekend schedule above will apply for all 12 calendar months with no specific changes during the summer.

OR

→ ☐ During the summer months, the child(ren) will be in the care of the Petitioner (Grandparent(s)) **List the days of the weeks and times.**

OR

- ☐ During the summer months, the child(ren) will be in the care of the Co-Petitioner/Respondent (Parents) **List the days of the weeks and times.**

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OR

- ☐ The child(ren) will be in the care of \_\_\_\_\_ (name of Other Party).  
**Note:** This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. **Do not list babysitters and day care providers as the Other Party.** List the days of the week and times.

**This section would only be completed if there is a non-parent who may share physical custody of the child. Non-parents will not be listed in this parenting plan unless they are actual parties to the case.**

Transportation and drop-off/pick-up arrangements will be as follows:

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### 3. Holidays and Special Occasions (Select all Holidays that apply to your family)

The following schedule will take priority over the schedules in Sections 1 and 2. Please check all that apply, place the name of the party with whom the children will be spending the holiday in the appropriate box (odd/even/all years), and indicate the time and place of exchange. Identify any unique situations under "Other".  
If a box is not checked, the regular parenting time schedule will apply to that holiday event.

Example	Event	Odd years	Even years	All Years	Time & Place of exchange
<input checked="" type="checkbox"/>	Spring Break			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Easter			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Mother's Day/Weekend		Mother		10am Grandparent's home
<input checked="" type="checkbox"/>	Memorial Day/Weekend			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Father's Day/Weekend		Father		10am Grandparent's home
<input checked="" type="checkbox"/>	July 4 <sup>th</sup>			Grandparent(s)	
<input checked="" type="checkbox"/>	Labor Day/Weekend			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Halloween			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Thanksgiving Day/Break			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Christmas Eve			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Christmas Day			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Week 1 of Winter Break			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Week 2 of Winter Break			Grandparent(s)	N/A
<input checked="" type="checkbox"/>	Children's Birthdays	Grandparent & father	Grandparent & Mother		10am Grandparent's home
<input checked="" type="checkbox"/>	Other (Identify)				

☐ Other parenting time arrangements:

If there are other parenting time arrangements other than listed above, list them here.

4. **Number of Overnights:** Based upon the foregoing schedule(s), Grandparent(s) will have 365 total overnights per year and Father/Mother will have 0 total overnights per year. **Note: These two numbers must equal 365.**

5. **Telephone Access**

Check the box  
that applies.

- ☐ Each party may have reasonable telephone contact with the child(ren) during the child(ren)'s normal waking hours.  
☐ Other:

6. **Travel and Vacation Plans**

Check the box  
that applies.

- ☐ The parties agree that should either of them require out-of-state or any type of overnight travel with the child(ren), each party will inform the other party of such travel and vacation plans, including notice and contact information.  
☐ Other:

**Section C: Relocation**

Relocation refers to moving the child(ren)'s residence (**home**) so that the geographic ties between the child(ren) and the other party are substantially (**greatly**) changed requiring a modification of allocation of parental responsibilities (decision-making and parenting time).

The parties understand that after the Decree or Final Order is issued, if a party wants to relocate, he/she must file a Motion with the Court, pursuant to §14-10-129, C.R.S. and obtain court permission to relocate, **unless** the parties have submitted to the Court a written agreement/stipulation (with verified signatures of all parties) allowing one of the parties to relocate with the minor child(ren) together with a new proposed (**not yet approved by court**) parenting plan which addresses (**deals with**) how the parties intend to address all the parenting issues given the fact that one of the parties is now relocating with the minor child(ren).

Check the box  
that applies.

- ☐ Neither the Petitioner or Co-Petitioner/Respondent have current plans to relocate with the child(ren).

The ☐ Mother ☐ Father ☐ Other Party is planning to relocate with the child(ren) Somewhere (city) Idaho (state) on 05/01/18 (date) and we have agreed to the following terms:

If there are plans to relocate, list terms here.

## Section D: Financial Obligations for the Benefit of the Child(ren)

Download and complete the Child Support Worksheet before completing this section.

(Choose only ONE option in section A)

If grandparents are not asking for child support, you can skip this section.

1. **Child Support** (all child support agreements **must** be reviewed by the Court to see if the agreement complies with the child support guidelines):

**a. Child Support Calculation**

→ ☐ Child Support shall be paid per a previously issued Administrative or Court Order in 13JV10 (DHS number or case number) issued on 01/02/13 (date) in Pueblo (County).

OR

→ ☐ The amount of child support agreed to by the parties **is based** upon the attached Child Support Worksheet which reflects an amount of child support of \$500.00 per month.

OR

→ ☐ The amount of child support agreed to by the parties **is not based** upon the attached Child Support Worksheet which reflects an amount of child support of \$500.00 per month. Please identify the agreed upon amount and the reasons why you agree to deviate from the amount identified in the Child Support Worksheet. **(The Court must approve any deviation from the guideline amount and will do so only for compelling reasons if this amount is lower than the guideline amount.)**

Explain why parties chose an amount different from the Child Support Worksheet. \_\_\_\_\_

**b. Child Support Agreement**

The ☐ Petitioner ☐ Co-Petitioner/Respondent shall pay child support to the ☐ Petitioner ☐ Co-Petitioner/Respondent ☐ Other Party in the sum of \$300.00 per month beginning on 06/01/2018 (date). **Child support payments shall be paid: (check one)**

☐ To the Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171.

OR

☐ Directly to the ☐ Mother ☐ Father ☐ Other Party

**Child support payments shall be paid: (check one)**

☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly ☐ Other: \_\_\_\_\_ and will be paid on the 1<sup>st</sup> day of the ☐ week ☐ month.

Complete the day to be paid and how to be paid here.

**It is the responsibility of the Obligee (the person receiving the payment) to complete the appropriate forms to activate an income assignment, pursuant to §14-14-111.5(3)(a)(II), C.R.S. Please see JDF 1801 - Instructions, if applicable.**

Complete this section and mark who will be providing medical insurance coverage for the children.

## 2. Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of Pocket Medical Expenses

☐ Petitioner(**Grandparent(s)**) shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

Jesse Doe

and/or

☐ Co-Petitioner/Respondent (**Mother/Father**) shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

and/or

☐ \_\_\_\_\_ (name of party) shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance: \_\_\_\_\_

☐ **Extraordinary Medical Expenses** are defined as uninsured expenses, including co-payments and deductible amounts in excess of \$250.00 per child per calendar year. The parties agree that extraordinary medical, dental, vision, or mental health expenses for the child(ren) shall be divided with the Petitioner (**Grandparent(s)**) paying 100 %, the Petitioner/Co-Petitioner/Respondent (**Mother/Father**) paying 0 %, and the Other Party paying \_\_\_\_\_%.

☐ Other:

Describe any agreement regarding health insurance here that has not already been mentioned above, if any.

A "Notice to Employer to Deduct for Health Insurance" (JDF 1809) can be completed by the Obligee (person receiving) and served upon the Obligor (person paying) and Obligor's employer.

## 3. Extraordinary Expenses (**Private schools, school/sport/extracurricular activities, etc.**)

You may use this section to document any agreements made between the parties that are not required by law to be addressed such as private schools, extracurricular and recreational activities, automobile access or insurance, or any other agreements affecting the general welfare of the child(ren). **Note: Agreements made under this provision, if approved by the Court and made a part of the Decree or Order, become enforceable by the Court.**

☐ The parties agree to the following:

**Example:** Grandparents will pay for all sports and extracurricular activity costs 100%

## 4. **OPTIONAL** - Post-Secondary Expenses (college, trade school, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed.

Post-secondary education expenses **cannot** be ordered by the Court without an agreement. If you agree that they should be paid by the parties, please indicate the terms of the agreement below.

**NOTE: Agreements made under this provision, if approved by the Court and made a part of the Decree or Final Order, become enforceable by the Court.**

☐ Post-secondary education expenses for the child(ren) shall be divided with the Petitioner paying \_\_\_\_\_% and Co-Petitioner/Respondent paying \_\_\_\_\_% of every expense checked below. Post-secondary expenses include the following:

☐ Tuition (indicate any restrictions or maximum monetary amounts)

☐ Room and Board

☐ Books

☐ Fees

☐ Travel

☐ Other: \_\_\_\_\_

## Section E: Child Tax Exemption

Only one party may claim a deduction for each child on his/her income tax return. Both parties agree to prepare appropriate IRS forms, for example, Form 8332 "Release of Claim to Exemption for Child of Divorced or Separated Parents" IRS link to forms: <http://www.irs.gov/formspubs/index.html>

**Note:**

- If there is no agreement, the dependency exemption will be divided in accordance with §14-10-115(12), C.R.S. These rights shall be allocated between the parties in proportion to their contributions to the costs of raising their children.
- A party shall not be entitled to claim a child as a dependent, if he or she has not paid all court-ordered child support for that tax year or if claiming the child as a dependent would not result in any tax benefit pursuant to §14-10-115(12), C.R.S.

Select as appropriate. Petitioner is Grandparent(s);  
Respondent is Mother and or Father

**"P" = Petitioner "R" = Co-Petitioner/Respondent "O" = Other party**

Full Name of Child	Deduction to be claimed <b>every year</b> by:			Deduction to be claimed during <b>odd years</b>			Deduction to be claimed during <b>even years</b>		
Jesse Doe	<input checked="" type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O
	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> O

☐ Other: \_\_\_\_\_

If Respondent was selected for any of the options, specify which respondent parent it pertains to in this section. This section can also be used to specify an arrangement other than what has been stated above.

## Section F:

### Other Terms

☐ If the parties cannot reach an agreement in the future on any issues involving the child(ren), they agree to enter into ☐ mediation ☐ arbitration ☐ parenting coordinator ☐ decision-maker at their own cost.



**Parties do not need to exchange financial**

- ☐ The parties will exchange financial information on an annual basis, for example, income, verification of insurance and its costs.
- ☐ Identify below any issues or agreements not already identified in this agreement.

List any additional agreements not listed anywhere else on this form, if any.

**Minor changes may be made at any time if both parties agree to the changes. A written agreement to modify child support, the primary caretaking party, or other substantial changes to the parenting plan should be filed with the Court along with a proposed order for the Court to approve the modification.**

**Please re-read this document carefully to make sure it accurately reflects your entire agreement. Items agreed upon outside of this document may not be enforceable.**

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

**Signature DOES NOT need to be witnessed or notarized. Print your name, sign, date, include your full address and phone numbers.**

**Signature**

Willy John Wonka

(printed name of Petitioner)

Willy John Wonka

Signature of Petitioner

08/02/18

Date

123 Alphabet Street

Petitioner's Address

Pueblo

City

CO

State

12345

Zip Code

719-696-1224

(Area Code) Home Telephone Number

719-555-1234

Area Code) Work Telephone Number

\_\_\_\_\_  
Signature of Attorney if applicable

\_\_\_\_\_  
Date

**Signature**

Mary Jane Wonka

(printed name of Petitioner)

Mary Jane Wonka

Signature of Petitioner

08/02/18

Date

123 Alphabet Street

Petitioner's Address

Pueblo

City

CO

State

12345

Zip Code

719-696-1224

(Area Code) Home Telephone Number

719-555-1234

Area Code) Work Telephone Number

\_\_\_\_\_  
Signature of Attorney if applicable

\_\_\_\_\_  
Date

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**IF ONLY ONE PARTY SIGNS THE PARENTING AGREEMENT,  
COMPLETE THE CERTIFICATE OF SERVICE BELOW.  
CERTIFICATE OF SERVICE**

I certify that on 8/24/18 (date), a true and accurate copy of the **PARENTING PLAN** was served on the other party by:

- ☐ Hand Delivery, ☐ E-filed, ☐ Faxed to this number: \_\_\_\_\_, or  
☐ By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: John Doe  
456 Right Street  
Pueblo, CO 98765

Check the box that describes how and when you  
will provide a copy to the other party, include  
their name and address, and sign your name.

To: Jane Doe  
789 Left Street  
Pueblo, CO 98766

Willy John Wonka (Sign here)  
Signature