


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

Parenting Plan	JDF 1113
District Court Colorado County: <u>Pueblo</u> Court Address: <u>501 N Elizabeth Street Pueblo, CO 81005</u>	 ▲ COURT USE ONLY ▲
Parties Petitioner (Parent or person who started the legal case): <u>Willy Wonka</u> – (Party who filed the case) Co-Petitioner/Respondent (Other person in this case): <u>Jane Wonka</u> – (Other party)	
Lawyer (if any) or Party filing Name: <u>Willy John Wonka</u> Address: <u>456 Summer St Pueblo West, CO 81007</u> Phone: <u>719-555-6666</u> E-mail: <u>Willywonka@aol.com</u> Lawyer Reg. #: _____	Case Number: <u>18DR5555</u> Division: <u>402</u> Courtroom: <u>402</u>

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

All parents (and parties) must file a Parenting Plan for the court to review.

If you have special situations not listed on this form, you may add them in Other Terms on page 8.

Attach more pages if needed. You must sign each extra page.

1. Mark the box below that applies (one only):

Check the box that applies.

- We **agree on everything** in this Parenting Plan. We have both signed this form.
- We **agree on some areas** of this Parenting Plan. We have both signed this form. Sections are left blank in areas of no agreement.

Note: The court may order mediation for areas with no agreement.
- We **cannot agree** on a Parenting Plan. Each of us is filing our own separate Parenting Plan.

Note: The court may order mediation.

2. Parties' relationship to the child(ren):

Petitioner is the: Mother Father Other Example: _____

Co-Petitioner/Respondent is the: Mother Father Other _____

Other (explain): _____

**Petitioner is the party who filed the case.
Respondent is party who was served.**

3. List child(ren) of this relationship 19 and under:

Full name of child	Current Address	Sex	Date of Birth
Benny John Wonka	456 Summer St., Pueblo West, CO 81007	M	01/15/2006
Penny Jane Wonka	456 Summer St., Pueblo West, CO 81007	F	05/05/2009

4. Parenting Decisions

Check boxes that apply for Parenting Decisions

Who is responsible for the following?	Both	Petitioner	Co-Petitioner/ Respondent	Other*
School, education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, dental, mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious activities (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular and recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For school attendance, child(ren)'s residence is with: (check one)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other party's name: Example: _____

Rules about Making Decisions When the Children Are with You

- You can make day-to-day decisions about activities, minor health care, curfew, chores, allowance, clothing, etc. on your own.
- You can authorize emergency care on your own. If possible, you must try to contact the other parent first.
- You must give the other parent contact information for all the child(ren)'s health care providers.
- You must update the other parent in advance about any changes to your address or phone number.
- Unless a court order says otherwise, you can access the child(ren)'s school and health care records. (§14-10-123.8, C.R.S.)

5. School Year Schedule

Weekday and weekend schedule during the School Year:

- a. The child(ren) will be in the care of the Petitioner. List the days of the week and times.
Example: Penny and Benny will be in the care of father every other weekend. Weekend will begin Friday at 4:00 pm to Sunday at 7:00 pm
-
- b. The child(ren) will be in the care of the Co-Petitioner/Respondent. List the days of the week and times.
Example: Penny and Benny will be in the care of mother M-F and every other weekend. Weekend will begin Friday at 4:00 pm to Sunday at 7:00 pm.
-

c. The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as the 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 person such as a grandparent or other 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.

d. The transportation and drop-off/pick-up arrangements will be as follows:

Example: Mother will pick up children from father's house when it is to be her parenting time and father will pick children up from mother's house when it is to be his parenting time. During school, the children will be picked up at school by the parent who has that weekend parenting time on Friday.

Choose only option 1 or 2, not both. If option 1 is chosen, go straight to paragraph 3 (Holidays).

6. **Summer Schedule** (check one)

The above school year schedule will apply during the summer.

Or

The following schedule will be used during the summer:

a. The child(ren) will be in the care of the Petitioner. List the days of the weeks and times.

EXAMPLE: Mother will have children 1st half of summer vacation beginning at 4 pm the 1st day of break to 4 pm July 1st. On years' mother is scheduled to have children on July 4th, exchange will take place at 4 pm on July 6th.

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

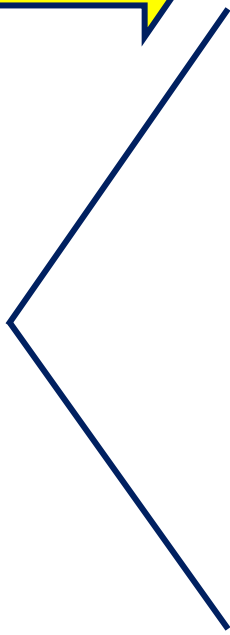
EXAMPLE: Father will have children 2nd half of summer vacation beginning at 4 pm on July 1st to 4 pm on the Sunday before school starts. On years' father is scheduled to have children on July 4th, exchange will take place at 4 pm on July 6th.

c. The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as 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 person such as a grandparent or other 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.

d. The transportation and drop-off/pick-up arrangements will be as follows:

EXAMPLE: Father will pick up children on the 1st day of summer vacation at mother's residence and mother will pick-up children from father's residence on July 1st or July 6th as stated above

7. Holidays and Special Occasions- (Select all Holidays that apply to your family)

The following schedule will take priority over the schedules in Sections 5 and 6.

Please check all that apply, Identify any unique situations under "Other". If a box is not checked, the regular parenting time schedule will apply to that holiday event.

* Indicate **Odd** or **Even** or **All** years in the chart below.

** Circle specific days for long weekends (M)onday, (T)uesday, (W)ednesday, (T)hursday, (F)riday, (S)aturday, (S)unday.

Event (days)	Petitioner	Co-Petitioner/ Respondent	Other	**Circle days
<input checked="" type="checkbox"/> Spring Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Easter	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Mother's Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input checked="" type="checkbox"/> Memorial Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input checked="" type="checkbox"/> Father's Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input checked="" type="checkbox"/> July 4 th	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Labor Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input checked="" type="checkbox"/> Halloween	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Thanksgiving Day/Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input checked="" type="checkbox"/> Christmas Eve	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Christmas Day	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Week 1 of Winter Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Week 2 of Winter Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input checked="" type="checkbox"/> Children's Birthdays	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				

Mark as applies to your situation.

Other parenting time arrangements:

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

Rules about Parenting Time

- *If there are problems following the plan, talk to a mediator, or file papers with the court to ask the court to change or enforce the plan.*

8. Overnights

There are 365 overnights per year. The parenting time schedules above: give the Petitioner **40** overnights; and give the Co-Petitioner/Respondent **325** overnights. Other party _____ overnights.

Note: If these numbers do not add up to 365, explain: _____

9. Travel and Vacations (check all that apply):

Check the box(s) that

- The parents (parties) agree to tell each other about plans for overnight and out-of-state travel with the children, and to provide contact information.
- Other arrangement (describe): **Example: Should either parent require any out-of-town or state travel they must do so during their regular parenting schedule unless both parents agree. Each parent will notify of such travel and provide contact information.**

- Passports: _____ (name) may authorize travel for the minor child(ren) _____ (names) and may prepare any documents required for travel, without consent, knowledge, and signature of _____ (names).

10. Phone Access (check all that apply):

Check the box that applies.

- The parents (parties) may have reasonable phone contact with the child(ren) during the child(ren)'s normal waking hours.
- Details or other arrangement (describe): **Example: Either parent can call between the hours of 1:00 pm and 4:00 pm.**

11. Moving

Check the box that applies.

The parents (parties) understand they **must** file a new parenting plan and get the court's permission to move a significant distance. (§14-10-129, C.R.S.)

(Check one):

- Neither parent (or party) has **current** plans to move a significant distance.
- One parent may be moving, and the parents have agreed on a new parenting plan for that situation. Explain which party is moving and how it will affect your parenting plan:
List the terms agreed upon by parents here if there are plans to relocate.

12. Child Support

- **The court will review the amount to see if it meets legal support guidelines. Child support is an obligation by statute.**

a. Amount of Child Support - **CHOOSE ONLY ONE OPTION IN SECTION A**

Check one:

- The amount is based on a court order or Child Support Services case.

Provide details below:

The amount is \$ **500.00**

Court order or case number: **13JV5000**

Date of order/case: **11/18/2013**

County: **Pueblo**

Or

- The amount is from the child support worksheet.

The amount is \$ **500.00** Check one:

- I/We agree on the above child support amount.

- Instead of the child support worksheet amount, the parties agree on a monthly child support of: \$ **450.00**

Explain: **If either parent is asking for a different amount of child support to be ordered from what is showing on the Child Support Worksheet, then list the reason here.**

The court has the final decision on the child support amount.

b. Child Support Payment Agreement **(check one)**

The Petitioner Co-Petitioner/ Respondent must pay monthly child support as follows:

Monthly amount: **\$450.00**

Starting (date): **11/1/2021**

How often **(check one)**: monthly twice a month every 2 weeks every week

To be paid on the: _____ ^{1st} day of the **(check one)**: week month

To: **(check one)**: Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171

Petitioner Co-Petitioner/Respondent Other Party

Rules about Child Support

- **You must obey the child support order even if one parent does not follow the parenting plan.**
- **If child support is NOT paid on time, the party owed support may ask for the money to be taken from the paycheck of the other party. See form JDF 1801. §14-14-111.5(3)(a)(II), C.R.S.**

13. Health Insurance and Costs

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

Check all that apply:

- The Petitioner will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (list any): _____
- The Co-Petitioner/Respondent will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (list any): _____
- The Other Party will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (list any): _____
- The parties will share health costs, including copays, deductibles over \$250, and other costs not covered by insurance in the following way:
 The Petitioner will pay 20 %.
 The Co-Petitioner/Respondent will pay 80%.
 The Other Party (intervenor) will pay _____ %.
- Other arrangement (describe): **Describe any agreement regarding health insurance here that has not already been mentioned above, if any.** _____

Warning! If the party ordered to provide insurance does **not** do so, the other party may ask the party's employer to deduct it from his/her paycheck. See form JDF 1809

14. Optional Expenses

List any other expenses (such as private schools, university, trade school, extracurricular activities, etc.)
 Check all that apply:

- The parties agree to these other expenses (describe): **Example: Parents will split all sports and extracurricular activity costs 50/50.** _____
- The parties agree to share costs for (specify): _____ in the following way:
 The Petitioner will pay _____ %.
 The Co-Petitioner/Respondent will pay _____ %.
 The Other Party will pay _____ %.

15. Child Tax Exemption

Only one party may claim a child as a dependent on their tax return per year. If you do not make an agreement below, follow Colorado law, which is based on your contributions to the children. §14-10-115(12), C.R.S.

Check who will claim the child(ren) as a dependent:

Mark as applies to your situation.

Child's Name	Petitioner	Co-Petitioner/Respondent	Other
Benny John Wonka	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
Penny Jane Wonka	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All

- Other tax arrangements (describe): **List any additional agreements not listed anywhere else on this form, if any.** _____

Warning! If you are ordered to pay child support, you may not claim a child as your dependent if you are not current for that tax year. §14-10-115(12), C.R.S.

16. Other Terms

Check all terms that apply to your situation:

- The parties have made other agreements not listed above, including (specify):
List any additional agreements not listed anywhere else on this form, if any.

- If the parties cannot agree on the parenting plan in the future, they agree to:
 - Mediation. Arbitration. Other alternative dispute resolution process.
- The parties agree to exchange financial information every year in the future, such as income tax information, insurance information, and other (specify): _____

Mark as applies to your situation.

Before you sign, read this document carefully to make sure it correctly shows everything you agreed to. The court may not be able to enforce items that are not in this plan.

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

Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the 18 day of November, 2021, at Pueblo, Colorado
(date) (month) (year) (city or other location, and state OR country)

Willy John Wonka
Print Petitioner's Name

Willy John Wonka 11/18/2021
Petitioner's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

If you are filing jointly with the other party, they must complete and sign below

Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Print Co-Petitioner/Respondent's Name

Co-Petitioner/Respondent's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

If only one parent (or party) has signed the Verification above, complete the Certificate of Service below.

Certificate of Service

I certify that on (date): 11/24/21 a copy of this document was served on the other parties by:

- Hand Delivery Colorado Courts Efiling
 Fax or email to (number/address): _____
 U.S. Mail, sent to this address:

To: Mary Jane Wonka
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.

Willy John Wonka (Sign here)

Your signature

- Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.