|  |  |
| --- | --- |
| **Parenting Plan**  *(Parenting Plan)* | JDF-1113  **COURT USE ONLY** |
| **Court** ⬜ District  Colorado County:  Court Address:  **Parties**  Petitioner *(Parent or person who started the legal case):*    Co-Petitioner/Respondent *(Other parent/person in this case):* |
| Lawyer (if any)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Number:  Division: Courtroom: |

*All parents (and parties) must file a Proposed Parenting Plan for the court to review. You may use this form to write your plan. If you have special situations not listed on this form, you may add them in Other Terms on page 7. If you need more space, you may attach extra pages to this form. You must sign each page you attach.*

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

⬜ 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 those topics.

⬜ We **CANNOT agree** on a Parenting Plan. Each of us is filing our own separate Parenting Plan. ***Note:***The court may order mediation.

1. **Parties’ relationship to the child(ren):**

Petitioner is the: ⬜ Mother ⬜ Father ⬜ Other *(explain):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Petitioner/Respondent is the: ⬜ Mother ⬜ Father ⬜ Other *(explain):*

Other *(explain):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. List child(ren) of both parties 19 and under:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of child | Current Address | Sex | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Parenting Decisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who is responsible for the following?** | **Both** | **Petitioner** | **Co-Petitioner/ Respondent** | **Other\*** |
| School, education | ⬜ | ⬜ | ⬜ | ⬜ |
| Medical, dental, mental health | ⬜ | ⬜ | ⬜ | ⬜ |
| Religious activities (if any) | ⬜ | ⬜ | ⬜ | ⬜ |
| Extracurricular and recreational activities | ⬜ | ⬜ | ⬜ | ⬜ |
| Passport*:* | ⬜ | ⬜ | ⬜ | ⬜ |
| Other *(list):* | ⬜ | ⬜ | ⬜ | ⬜ |
| Other *(list):* | ⬜ | ⬜ | ⬜ | ⬜ |
| For school attendance only, the child(ren)’s residence is  with: (list only one) |  | ⬜ | ⬜ | ⬜ |

\**Other* party’s name:

|  |
| --- |
| **Rules about Making Decisions When the Children Are with You**   * *You can make all needed, 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.)* |

1. **Parenting Time**
2. Weekday and Weekend Schedule during the School Year

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

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

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 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.

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

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

1. **Summer Schedule**

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

**or**

1. During the summer months, the child(ren) will be in the care of the Petitioner. List the days of the weeks and times.

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

1. 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.

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

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

**7. Holidays and Special Occasions**

The following schedule will take priority over the schedules in **Sections 1 and 2.** 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 the 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** |
| Spring Break | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |  |
| Easter | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Mother’s Day/Weekend | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Memorial Day/Weekend | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Father’s Day/Weekend | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| July 4th | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Labor Day/Weekend | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Halloween | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Thanksgiving Day/Break | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Christmas Eve | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |  |
| Christmas Day | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |  |
| Week 1 of Winter Break | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |  |
| Week 2 of Winter Break | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |  |
| Children’s Birthdays | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | M T W T F S S |
| Other (Identify) |  |  |  |  |
| Other (Identify) |  |  |  |  |
| Other (Identify) |  |  |  |  |

Other parenting time arrangements:

|  |
| --- |
| **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.* |

1. **Overnights**

There are 365 overnights per year.The parenting time schedules above give the Petitioner \_\_\_\_ overnights; and give the Co-Petitioner/Respondent \_\_\_\_\_\_ overnights.

***Note:*** If these two numbers must add up to 365, explain:

1. **Travel and Vacations** *(check all that apply):*

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):*

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

1. **Phone Access** *(check all that apply):*

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):*

1. **Moving**

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.

⬜ The parents (parties) have said that one of them is or may be moving, and they have agreed on a new parenting plan for that situation. Explain which party is moving and how it will affect your parenting plan:

1. **Child Support**

|  |
| --- |
| * *The court will review the amount to see if it meets legal support guidelines****.*** |

1. **Amount of Child Support**

How did you calculate the support amount?

*Check one:*

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

|  |
| --- |
| ***Rules about Child Support***   * *You must obey the child support order even if one parent does not follow the parenting plan.* |

*Provide details below:*

Court order or case number:

Date of order/case:

County:

The child support worksheet recommends ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) as the child support amount.

⬜ I/We agree on the above child support recommendation.

⬜ Instead of the recommended child support worksheet amount, the parties agree on a monthly child support of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*The court has the final decision on any amount of the child support.

1. **Child Support Payment Agreement**

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

Monthly amount: $

Starting *(date):*

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

To be paid on the: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

|  |
| --- |
| ***Warning!*** *If child support is NOT paid on time, the party owed support may ask for the money to be taken from the paycheck of of the other party. See form JDF 1801. §14-14-111.5(3)(a)(II), C.R.S.* |

1. **Health Insurance and Costs**

*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 %.

The Co-Petitioner/*Respondent* will pay %.

The *Other Party* will pay %.

⬜ Other arrangement *(describe):*

|  |
| --- |
| ***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* |

1. **Optional Expenses**

These expenses are optional. They can become part of the parenting plan order.

Other Expenses(such as private schools, university, trade school, extracurricular activities, etc.)

*Check all that apply:*

⬜ The parties agree to these other expenses *(describe):*

⬜ 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 %.

1. **Child Tax Exemption**

Only one party may claim a child as a dependent on his/her income 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:*

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Petitioner | Co-Petitioner/Respondent | Other |
|  | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |
|  | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |
|  | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |
|  | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |
|  | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All | ⬜Odd ⬜ Even ⬜ All |

⬜ Other arrangement *(describe):*

|  |
| --- |
| ***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.* |

1. **Other Terms**

*Check all terms that apply to your situation:*

⬜ The parties have made other agreements not listed above,

including *(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ 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):*

⬜ Check here if you **changed** any word(s) on this form (besides filling in your information).

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.

# 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 Petitioner’s Name Petitioner’s Signature

Lawyer Name (if any)Signature of Lawyer (if any)

# 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):* a copy of this *Parenting Plan* was served on the other parent or party in this case according to the rules of §14-10-131, C.R.S.

Service was by *(check one):* Hand Delivery, Faxed to this number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*:*

⬜ Personal (hand) delivery to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ U.S. Mail, first class, with prepaid postage, sent to this address.

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Signature