

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 Douglas County, Colorado Court Address: 4000 Justice Way Castle Rock Colorado 80109 <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input checked="" type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: Willy Wonka – (Parent who filed case.) and Co-Petitioner/Respondent: Jane Wonka – (Other parent.)	▲ COURT USE ONLY ▲ 
Attorney or Party Without Attorney (Name and Address): Willy John Wonka 456 Summer St. Castle Rock, CO 80109 Phone Number: 719-555-6666 E-mail: FAX Number: _____ Atty. Reg. #: _____	Case Number: 14DR15 Division Z Courtroom 311
PARENTING PLAN	

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

You **must** submit (file) to the Court some form of **written Parenting Plan** addressing (dealing with) all of the issues which are relevant (**appropriate**) to the facts of your case. The written Parenting Plan must contain provisions (**arrangements**) for the allocation of parental responsibilities (**custody**) 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 (**important**) 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 notarized signatures** (signed before a Court Clerk or Notary Public).

To promote (**encourage**) agreement among parties where the children are involved, parties may jointly (**together**) create a written Parenting Plan. If you do not enter into (**take part in**) 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 (**completely**) different. **Whether the Court approves your plan or enters its own, the Parenting Plan will become a Court Order.**

This is a:

Check the appropriate box.

- Full Joint Parenting Plan
(We agree to everything and the plan is signed by both parties.)
- Partial Joint Parenting Plan
(We agree to some things and the plan is signed by both 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.**

Select which party you are in the case.

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

- Father Mother Other Party (state relationship to child(ren) _____)

The Co-Petitioner/Respondent is the child(ren)'s: **Respondent is parent who was served.**

- Father Mother Other Party (state relationship to child(ren) _____)

The child(ren) are:

Full Name of Child	Present Address	Sex	Date of Birth
Benny John Wonka	123 Winter St.. Castle Rock, CO 80109	M	01/15/2006
Penny Jane Wonka	123 Winter St. Castle Rock CO 80109	F	05-05-09

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 (**give permission to**) emergency care, but if possible both parties agree to contact the other party first.
4. **Unless otherwise ordered by the Court for good cause (justification) 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:
 Mother Father Other Party

We have identified (**listed**) 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Dental/Mental Health, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular and Recreational Activities, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (arrangement) 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. **List the days of the week and times.**

Penny will be in the care of Father M-F and every other weekend. Benny will be in the care of father every other weekend.

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

Benny will be in the care of the Mother M-F and every other weekend. Penny will be in the care of the mother every other weekend.

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.**

Transportation and drop-off/pick-up arrangements will be as follows:
Mother and father will rotate transportation for drop-off and pick-up.

Choose only one option below: 1, 2, or 3

2. Summer Schedule

Option 1

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

OR

Option 2

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

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

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.

EXAMPLE: Mother 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.

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.

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.

3. Holidays and Special Occasions (Select all that apply)

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.

Event	Odd years	Even years	All Years	Time & Place of exchange
<input checked="" type="checkbox"/> Example Spring Break	Father	Mother		4 pm 1 st day of break to 4 pm last day of break at father's house.
<input checked="" type="checkbox"/> Easter	Father	Mother		No exchange
<input checked="" type="checkbox"/> Mother's Day/Weekend			Mother	Same as weekend schedule.
<input checked="" type="checkbox"/> Memorial Day/Weekend	Father	Mother		Same as weekend.
<input checked="" type="checkbox"/> Father's Day/Weekend			Father	Same as weekend.
<input checked="" type="checkbox"/> July 4 th	Father	Mother		Same as summer schedule.
<input checked="" type="checkbox"/> Labor Day/Weekend	Father	Mother		Same as weekend.
<input checked="" type="checkbox"/> Halloween				No exchange.
<input checked="" type="checkbox"/> Thanksgiving Day/Break	Father	Mother		4 pm 1 st day of break to 4 pm last day of break at mothers house.
<input checked="" type="checkbox"/> Christmas Eve	Father			7 am – 7 pm
<input checked="" type="checkbox"/> Christmas Day		Mother		No exchange.
<input checked="" type="checkbox"/> Week 1 of Winter Break			Mother	4 pm 1 st day of break to Sun at 4 pm same week at father's house.
<input checked="" type="checkbox"/> Week 2 of Winter Break			Father	4 pm Sunday of 1 st week to 4 pm Sunday before school starts at mothers.
<input checked="" type="checkbox"/> Children's Birthdays	Father	Mother		4pm – 9 pm at fathers.
<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), Petitioner will have **183** total overnights per year and Co-Petitioner/Respondent will have **182** total overnights per year.

Note: These two numbers must equal 365.

Check the box that applies.

5. Telephone Access

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

Other: **Example:** Either parent can call between the hours of 1:00 pm and 4:00 pm.



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 01/01/14 (date).

Child support payments shall be paid: (check one)

- To the Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171.
- Directly to the Petitioner Co-Petitioner/Respondent Other Party

Child support payments shall be paid: (check one)

- weekly bi-weekly twice a month monthly Other: _____ and will be paid on the _____ day of the week month.

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.

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

Petitioner 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:**
Benny and Penny Wonka

and/or

Co-Petitioner/Respondent 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:
Benny and Penny Wonka

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 paying _____%, the Co-Petitioner/Respondent paying _____%, and the Other Party paying _____%.

Other: Describe any agreement here not mentioned above.

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 (**dealt with**) such as private schools, extracurricular and recreational activities, automobile access or insurance, or any other agreements affecting the general welfare (**health, care, support**) of the child(ren). **Note: Agreements made under this provision (arrangement), if approved by the Court and made a part of the Decree or Order, become enforceable (command obedience) by the Court.**

The parties agree to the following:

Describe who will be responsible or how expenses will be split among the parents.

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 (**college**) 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 (arrangement), if approved by the Court and made a part of the Decree or Final Order, become enforceable (command obedience) 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: Describe other agreement here if not listed above. **Example:** Child will be responsible for own College expenses and tuition. If nothing in this section applies, use N/A.

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 (**complete**) 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 (distributed) between the parties in proportion (percentage) to their contributions (payment) 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.

[A] [1] A c h Y f i : [] [] : U h Y f i C i [] [] C h Y f d U f m

Full Name of Child	Deduction to be claimed every year by:			Deduction to be claimed during odd years			Deduction to be claimed during even years		
	M	F	O	M	F	O	M	F	O
Benny John Wonka	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penny Jane Wonka	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

List any other arrangement not listed above here.

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.

Answer as appropriate.

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 (compliance demanded by the Court).

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

(printed name of Petitioner)

Signature of Petitioner

Date

Petitioner's Address

City

State

Zip Code

(Area Code) Home Telephone Number

(Area Code) Work Telephone Number

Signature of Attorney if applicable

Date

Signature

(printed name of Co-Petitioner/Respondent)

Signature of Co-Petitioner/Respondent

Date

Co-Petitioner/Respondent's Address

City

State

Zip Code

(Area Code) Home Telephone Number

(Area Code) Work Telephone Number

Signature of Attorney if applicable

Date

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

I certify that on _____ (date) a true and accurate copy of the **PARENTING PLAN** was served on the other party(ies) 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 (include name and address):

To: _____

To: _____

Your signature