

PARENTING PLAN CHECKLIST

Name of Petitioner: _____

Birth Date: _____

Name of Respondent: _____

Birth Date: _____

Name(s) of Children:

_____ Birth Date: _____

_____ Birth Date: _____

_____ Birth Date: _____

_____ Birth Date: _____

Petition filed? Yes ____ No ____ Date filed: _____

County: _____

Case No.: _____ Date of marriage: _____

Have attended Children in the Middle Class?

Petitioner: _____ Respondent: _____

CUSTODY

Joint Legal Custody? Yes ____ No ____

Education: _____

Religion: _____

Medical: _____

Place of Residence: _____

Primary Physical Care? Shared ____ Mother ____ Father ____

If shared physical, parenting time schedule:

OTHER CUSTODIAL ISSUES

- Extracurricular activities and other parent’s time
- Telephone access- times- phone cards- other parent shall not listen in or record telephone conversations with the other parent.
- Sharing of schedules, schools, sports, church, scouts, etc.
- Sharing of Records
- Religious Instruction and Participation
- Information must be exchanged and kept current:
- Address of residence
- Phone number
- Name and address of all employers
- Name and address of all day care providers
- Names and addresses of schools, doctors, dentists, and counselors.

All required by § 598.22B.

Level of Communication permitted in the future (Check mark all applicable):

- _____ Unrestricted
- _____ Telephone only
- _____ Written only
- _____ Email only
- _____ Only through Third Persons

VISITATION

Weekends: _____

Weeknight(s): _____

Summertime: _____

HOLIDAYS:

New Year _____

Easter _____

Spring break _____

Mother’s Day _____

Memorial Day _____

Father’s Day _____

Independence Day _____

Labor Day _____

Halloween _____

Thanksgiving _____

Christmas _____

Other Significant days?

Total number of days of visitation: _____

OTHER VISITATION ISSUES

- Weekend visits during summers- uninterrupted period of vacation?
- Ending weekend visits in night before holiday
- Cancellations and make-ups
- Notice for summertime
- Children's birthdays
- Parent's birthdays
- Transportation- 3rd parties- exchange point
- Need to adjust visitation for age or special needs of child?
- If needed, each parent shall have an appropriate car seat.
- Reasonable notice if out of state trip is planned.
- Clothing, toys, books sent with child shall be returned.

CHILD SUPPORT

Petitioner's **Gross** Monthly Income: _____

Petitioner's **Net** Monthly Income: _____

(List Deductions): _____

Respondent's **Gross** Monthly Income: _____

Respondent's **Net** Monthly Income: _____

(List Deductions): _____

MONTHLY CHILD SUPPORT:

4 children: _____

3 children: _____

2 children: _____

1 child: _____

Which parent to provide medical insurance? Father _____ Mother _____

Percentage of payment for uncovered medical expenses: Father ____ % Mother ____ %

Number of exemptions claimed for income taxes: Father _____ Mother _____

Exchange future income tax returns by May 1st

Post Secondary Education Subsidy? _____

Which parent shall pay for haircuts? Father _____ Mother _____

Which parent shall pay for child care? Father _____ Mother _____

MODIFICATION AND FUTURE DISPUTES

May modify by Mutual Agreement?

Mediate future disputes?
