

Parenting Plan Checklist

Child Name: _____ Age: _____ Date of Birth: _____ SS#: _____

Parent 1(P1):

Name:

Date of Birth:

Address:

Phone Number:

Employment:

Medical History:

Parent 2(P2):

Name:

Date of Birth:

Address:

Phone Number:

Employment:

Medical History:

<p style="text-align: center;"><u>Custody and Schedule</u></p> <p>Primary Custody: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Exchanges: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Location:</p> <p>Time:</p> <p>Time Schedule:</p> <p>P1: <input type="checkbox"/>M <input type="checkbox"/>T <input type="checkbox"/>W <input type="checkbox"/>Th <input type="checkbox"/>F <input type="checkbox"/>S <input type="checkbox"/>Su</p> <p>P2: <input type="checkbox"/>M <input type="checkbox"/>T <input type="checkbox"/>W <input type="checkbox"/>Th <input type="checkbox"/>F <input type="checkbox"/>S <input type="checkbox"/>Su</p> <p>Explanation:</p> <p>Child Care Decisions: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p>	<p style="text-align: center;"><u>Medical and Healthcare</u></p> <p>Special Needs:</p> <p>Health Insurance: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Provider:</p> <p>Primary Care: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Provider:</p> <p>Basic Care Decisions <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Emergency Care Decisions <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Financial Contributions: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p>
<p style="text-align: center;"><u>Education and Extra Curriculars</u></p> <p>School Name:</p> <p>Educational Decisions: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p> <p>Educational Payments <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p> <p>Extra Curriculars: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Payments: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Travel: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p>	<p style="text-align: center;"><u>Parenting Guidelines</u></p> <p>Parenting Style:</p> <p>Discipline: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p> <p>Exceptions:</p> <p>Additional Household Members:</p> <p>Routines:</p> <p>Child/Parent Communication:</p> <p>Relocation Agreement:</p> <p>Travel Agreement:</p>
<p style="text-align: center;"><u>Shared Finances</u></p> <p>Child Support: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Primary Payments: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Reimbursements: <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Explanation:</p>	<p style="text-align: center;"><u>Revisions and Special Circumstances</u></p> <p>Revision Requests <input type="checkbox"/>Joint <input type="checkbox"/>P1 <input type="checkbox"/>P2</p> <p>Made: <input type="checkbox"/>Writing <input type="checkbox"/>Verbal <input type="checkbox"/>Both</p>

Parenting Plan Agreement from _____ to _____.

Parent 1 Signature: _____ Printed Name: _____ Date: _____

Parent 1 Signature: _____ Printed Name: _____ Date: _____