

Parenting Plan	JDF 1113
District Court Colorado County: _____ Court Address: _____ Parties Petitioner (<i>Parent or person who started the legal case</i>): _____ Co-Petitioner/Respondent (<i>Other person in this case</i>): _____	▲ COURT USE ONLY ▲
Lawyer (if any) or Party filing Name: _____ Address: _____ Phone: _____ E-mail: _____ Lawyer Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____

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):

- 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 _____

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

Other (*explain*): _____

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

Full name of child	Current Address	Sex	Date of Birth

4. 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: _____

Rules about Making Decisions When the Children Are with You
<ul style="list-style-type: none"> 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.

- 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 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:

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.

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

7. Holidays and Special Occasions

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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 _____				

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.*

8. Overnights

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

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

9. 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) and may prepare any documents required for travel, without consent, knowledge, and signature of _____ (names).

10. 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):

11. 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.
- 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:

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

Check one:

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

Provide details below:

The amount is \$ _____

Court order or case number: _____

Date of order/case: _____

County: _____

Or

- The amount is from the child support worksheet.

The amount is \$ _____ *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: \$ _____

Explain:

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

b. 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

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

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* (intervenor) 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

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*): _____
- 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:

Child's Name	Petitioner	Co-Petitioner/Respondent	Other
	<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
	<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*): _____

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*):

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*): _____

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 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:

Signature (Required)

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.