

This form contains Restricted Information.

MARYLAND PARENTING PLAN TOOL

NOTES:

- Use this form to create a parenting plan for your child(ren). A parenting plan is a guide for how parties will make decisions about the child(ren) and handle conflicts. Complete this form separately, together, or with a mediator. Attach additional sheets if needed.
- If you and the other party/parties cannot agree on a comprehensive parenting plan, complete a Joint Statement of the Parties Concerning Decision-Making Authority and Parenting Time (form CC-DR-110).
- "Party": A person seeking to establish or maintain a parent-child relationship with the child(ren).
- **MDEC counties only: You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.**

Parenting plan of _____ ,
Name of party

Joint parenting plan of: _____
Relationship to child(ren)
Name **Relationship to Child(ren)**

Type of filing:

- Initial pleading
- Modification
- Relocation

Special circumstances: (choose all that apply)

- Allegation of domestic abuse (under Family Law Art., § 4-501)
- Supervised parenting time requested (abuse of a parent, child, or drug/alcohol addiction)
- Other: (describe) _____

BIOGRAPHICAL INFORMATION

Party 1

Name: _____

Address: Address unknown
 Address confidential due to:
 protective order that expires _____ Date
 other court order: _____, entered _____ Date

Street Address: _____

City, State, Zip: _____

Phone: _____ **E-mail:** _____

Party 2

Name: _____

Address: Address unknown

Address confidential due to:

protective order that expires _____
Date

other court order: _____, entered _____
Date

Street Address: _____

City, State, Zip: _____

Phone: _____ **E-mail:** _____

Party 3

Name: _____

Address: Address unknown

Address confidential due to:

protective order that expires _____
Date

other court order: _____, entered _____
Date

Street Address: _____

City, State, Zip: _____

Phone: _____ **E-mail:** _____

Child(ren)

This parenting plan is for the following minor child(ren) *(add lines or attach additional sheets if needed)*:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENTAL RESPONSIBILITIES

Choose from the general options below or make choices based on what is important to your family.

1. DECISION-MAKING AUTHORITY

Parental responsibility – Day-to-day decisions are the responsibility of the party/parties the child(ren) are with at the time, such as how the child(ren) dress(es), or their home routine. How will major decisions such as medical and mental health care, education, religious training, extracurricular

activities, communication among the parties, and information sharing be made?

(choose one)

Shared parental responsibility

We will **jointly** make major decisions about the child(ren).

Sole parenting responsibility

_____ will make major decisions for the child(ren).
Name

Shared parental responsibility with decision-making authority

We will try to reach an agreement on issues. If we cannot agree, tie-breaking authority goes to the following party:

Tie-breaking authority

Medical care	_____	<input type="checkbox"/> No tie-breaking authority
	Name	
Mental health	_____	<input type="checkbox"/> No tie-breaking authority
	Name	
Education	_____	<input type="checkbox"/> No tie-breaking authority
	Name	
Religious training	_____	<input type="checkbox"/> No tie-breaking authority
	Name	
Extracurricular activities	_____	<input type="checkbox"/> No tie-breaking authority
	Name	
Other: _____	_____	<input type="checkbox"/> No tie-breaking authority
	Name	

Communication between the parties – How will you communicate with each other about the child(ren)?

Do not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.

We will communicate with each other: (choose all that apply)

- In person
- By telephone
- By text or similar method
- By e-mail
- Other: _____

Information sharing – How will you share and access information about the child(ren)'s health, mental health, education, and welfare? Be listed as emergency contacts? Notify each other about changes to your address or contact information?

(choose all that apply)

- Each of us will have access to medical and school records and information about the child(ren) and may consult with professionals.
- Each of us will share information about the health, mental health, education, and welfare of the child(ren) and sign documentation ensuring that we each have access to records.
- We will give each other advance notice of medical appointments and appointments with the child(ren)'s school.
- Each of us will get records and reports from the school and health care providers. Each of us have equal rights to inspect and receive governmental agency and law enforcement records concerning the child(ren).

- Each of us may consult with the child(ren)'s school, day care, health care providers, and other programs about the child(ren)'s health, mental health, educational, emotional, and social progress.
- Each of us will be listed as "emergency contacts" for the child(ren) on all matters.
- Each of us will give a residential, mailing, and contact address and telephone number to the other party/parties and notify each other in writing (may be by text or email) within 24 hours of changes.
- Other: _____

Schooling – What type of schooling will the child(ren) have (for example, will the child(ren) attend public or private schools or be homeschooled)? Which party's address will be used to determine the child(ren)'s school district?

We agree that the child(ren) will:

- Attend public school. _____ address will be designated for school registration. Name's
- Attend private school.
- Be homeschooled.
- Other: _____

Extracurricular activities – How will you manage activity calendars for practices, rehearsals, games recitals, etc.? How will you handle conflicts with parenting time and exchange of activity calendars?

(choose all that apply)

- Each of us will agree to extracurricular activities that may occur during each party's scheduled parenting time.
- Each of us will transport the child(ren) to and from all extracurricular activities during each party's scheduled parenting time.
- Each of us may register the child(ren) for an activity of the child(ren)'s choice, so long as it does not interfere with the other party's/parties' parenting time.
- Each of us agrees as to the following extracurricular activities: _____

2. PARENTING TIME

What parenting time schedule will work best for your family?

Special considerations: *(choose all that apply)*

- We will not use drugs during our time with the child(ren).
- We will not drink alcohol during our time with the child(ren).

- We understand emergencies happen. We will accommodate reasonable changes that are timely requested.
- Other: _____

Regular weekday and weekend schedule-

- The following schedule begins on _____ with _____ and continues as follows:

Date
Name

The child(ren) will be with _____ :

Name

- Weekends:** every every other other: (*specify*) _____ from _____ to _____ .

- Weekdays:** (*specify days*) _____ from _____ to _____ .

- Other:** (*describe*) _____

The child(ren) will be with _____ :

Name

- Weekends:** every every other other: (*specify*) _____ from _____ to _____ .

- Weekdays:** (*specify days*) _____ from _____ to _____ .

- Other:** (*describe*) _____

The child(ren) will be with _____ :

Name

- Weekends:** every every other other: (*specify*) _____ from _____ to _____ .

- Weekdays:** (*specify days*) _____ from _____ to _____ .

- Other:** (*describe*) _____

- See attached calendar for regular schedule.
- There is a different parenting time schedule for the following child(ren):

Holiday schedule- How will holidays be defined? Add special events or occasions important to your family.

(choose one)

- No holiday parenting time will apply. The regular weekday and weekend schedule above will apply.
- Holiday parenting time will be as we agree.
- Holiday parenting time will follow the schedule below. It will take priority over the regular weekday, weekend, and summer schedules.

Fill in the blanks with your names to indicate where the child(ren) will be for the holidays. Provide the beginning and ending times. If a holiday is not specified as even, odd, or every year with one party, then the child(ren) will be with the party according to the regular schedule.

The following is not a complete list of holidays. Add holidays that apply to your family (other school holidays, religious observances, Halloween, New Year's Eve/day, etc.)

<u>Holidays</u>	<u>Even years</u>	<u>Odd years</u>	<u>Every year</u>	<u>Begin/end time</u>
Mother's Day	_____	_____	_____	_____
Father's Day	_____	_____	_____	_____
Martin Luther King Day	_____	_____	_____	_____
President's Day	_____	_____	_____	_____
Memorial Day	_____	_____	_____	_____
Fourth of July	_____	_____	_____	_____
Labor Day	_____	_____	_____	_____
Columbus Day	_____	_____	_____	_____
Thanksgiving	_____	_____	_____	_____
Veteran's Day	_____	_____	_____	_____
Child(ren)'s Birthdays	_____	_____	_____	_____
Religious holidays (list):	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other (list):	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Winter, spring, and summer breaks are times when the child(ren) are out of school and you can determine how those out-of-school times, including weekends, will be shared between you.

Winter break-

(choose one)

- We will follow the regular weekday and weekend schedule.
- We will alternate winter breaks. The child(ren) will stay with _____

Name

in odd-numbered years even-numbered years, and with

_____ in odd-numbered years even-numbered years.

Name

If a holiday designated above doesn't fall within a party's winter break time, the holiday schedule will take precedent.

We will divide winter break as follows:

Spring break-

(choose one)

We will follow the regular weekday and weekend schedule.

We will alternate spring breaks. The child(ren) will stay with _____

Name

in odd-numbered years even-numbered years, and with

_____ in odd-numbered years even-numbered years.

Name

If a holiday designated above doesn't fall within a party's spring break time, the holiday schedule will take precedent.

We will divide spring break as follows:

Summer break-

(choose one)

We will follow the regular weekday and weekend schedule.

Each of us will have _____ weeks with the child(ren) during the summer. These weeks may be consecutive non-consectutive and start and end on _____ . We will

Day of week

request the week(s) by _____ of each year. If there is a conflict,

Date

_____ will get first pick of the date in odd-numbered years and

Name

_____ will get first pick of the date in even-numbered years.

Name

We will divide summer break as follows:

Out-of-state travel-

(choose all that apply)

Each of us may travel within the United States with the child(ren) during our parenting time/vacation. The party traveling with the child(ren) will give the other party/parties at least _____ days written notice before traveling out-of-state unless there is an emergency, and will include an itinerary, with locations and telephone numbers where the child(ren) and that party can be reached.

- Each of us may travel out of the country with the child(ren) during our parenting time/vacation. The party traveling with the child(ren) will give the other party/parties at least _____ days written notice before traveling out of the country and will include an itinerary, with locations and telephone numbers where the child(ren) and that party can be reached. We agree to provide documentation necessary for the other party/parties to take the child(ren) out of the country.
- Other: _____

3. TRANSPORTATION AND EXCHANGE OF CHILD(REN)

Transportation-

(choose one)

- The party beginning their parenting time will provide transportation for the child(ren).
- The party ending their parenting time will provide transportation for the child(ren).
- _____ will provide all transportation.
Name
- Other: _____

Exchanges of the child(ren)-

Each of us will have the child(ren) ready and on time with proper clothing, medications, homework, extracurricular activity uniforms or equipment, etc., at the time of exchange. The receiving party will be notified if the child(ren) took any medications within 24 hours of the transition.

(choose one)

- Exchanges will be at each party's home.
- Exchanges will occur at _____ unless we agree in advance to a different meeting place.
- Other: _____

4. COMMUNICATION BETWEEN PARENTS AND CHILD(REN)

Each of us will keep contact information current.

The child(ren) may have telephone e-mail other electronic communication in the form of _____ with the other party/parties: *(choose one)*

- Anytime
- Every day during the hours of _____ to _____
- On the following days: _____ during the hours of _____ to _____
- Other: _____

5. CHILD CARE

(choose all that apply)

- Each of us may select child care providers.
- We must agree on child care providers.
- Each of us must offer the other party/parties the opportunity to care for the child(ren) before using a child care provider for any period exceeding _____ hours.
- Other: _____

6. DISPUTES

How will you resolve disputes relating to the parenting plan?

(select one)

- We agree to attend at least _____ mediation session(s) before asking the court to intervene.
- Other: *(describe)* _____

7. OTHER ISSUES

For example, the child(ren)'s name(s), names used to refer to step-parents or other adults, circumstances requiring parental consent (driving, marriage, military service, employment, etc.), restrictions on what the child(ren) are exposed to (entertainment, firearms, all-terrain vehicles, etc.), and discipline.

NOTE: You have the right to consult with a lawyer to review this document before you sign it. I/We enter this parenting plan voluntarily. I/We believe this plan is in the best interest of the child(ren) at this time. I am/We are satisfied with this plan and intend to be bound by it.

_____ Date

_____ Printed Name

_____ Signature

_____ Signature

_____ Date

_____ Printed Name

_____ Signature

_____ Signature

_____ Date

_____ Printed Name

_____ Signature