

1 CUSTODY

Legal custody of a child means having the right and the obligation to make decisions about a child's upbringing. A parent with legal custody can make decisions about schooling, religion, and medical care, for example.

Sole custody is an arrangement whereby only one parent has physical and legal custody of a child.

Joint custody is an arrangement whereby both parents have legal custody and/or both parents have physical custody.

Physical custody involves the day-to-day care of a child and establishes where a child will live. The parent with physical custody has the right to have his/her child live with him/her. If a child lives primarily with one parent, that parent is said to be the custodial parent with sole physical custody. The other parent would be considered the non-custodial parent and would typically have visitation rights to his/her child. If a child lives equally or close to half the time with each of his/her parents, the parents are said to have joint physical custody. In some joint physical custody arrangements, a parent that has more time with the child may be denoted as having primary physical custody of his/her child while the other parent has secondary physical custody.

Choose one of the following options for:

LEGAL CUSTODY: Will it be JOINT? YES NO

If **NO**, then which parent will have the **SOLE LEGAL CUSTODY**?

FATHER MOTHER

PHYSICAL CUSTODY: Will it be JOINT? YES NO

If **NO**, then which parent will have the **SOLE PHYSICAL CUSTODY**?

FATHER MOTHER

Indicate the percentage of time that will be spent with each parent.

FATHER _____%

MOTHER _____%



PARENTING PLAN

Make your selections from this section for the parent that does NOT have primary physical custody. All times not specifically designated here will be assigned to the parent that DOES have primary physical custody. Your visitation plan may be general or detailed but no scheduled visitation may conflict with regular school hours.

YOU MAY SKIP THIS SECTION TO ENTER YOUR OWN PARENTING PLAN IN THE NEXT PAGE

A. Choose one of the following options for Mother OR Father

Reasonable visitation to the parent without primary physical custody
OR

_____ (every other: first, third, fifth) weekend(s) each month,
beginning _____ (enter day of the week) at _____ a.m./p.m. and
ending _____ (enter day of the week) at _____ a.m./p.m.

AND/OR

Midweek visit on _____ (enter day of the week) beginning at _____ a.m./p.m.
and ending _____ (enter day of the week) at _____ a.m./p.m.

B. Choose as many selections from the following Holiday Schedule as you would like the parent that does NOT have primary physical custody to have.

Unless otherwise noted, all single-day holidays start at _____ a.m./p.m. and
end at _____ a.m./p.m.

Every Even Odd
Year Years Years
Only Only

Every Even Odd
Year Years Years
Only Only

- January 1st – New Year’s Day
- Martin Luther King’s Birthday (weekend)
- Lincoln’s Birthday
- President’s Day (weekend)
- Spring Break (first half)
- Spring Break (second half)
- Mother’s Day
- Father’s Day
- Memorial Day (weekend)
- Summer Break (first half)
- Summer Break (second half)
- July 4th – Independence Day
- Labor Day (weekend)
- Columbus Day (weekend)
- Halloween
- Veteran’s Day (weekend)

- Thanksgiving Day
- Thanksgiving weekend
- Winter Break (first half)
- Winter Break (second half)
- New Year’s eve

ADDITIONAL VISIT

- Breaks for Year Round Schools
- Child’s Birthday
- Mother’s Birthday
- Father’s Birthday
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____



3 PUBLIC ASSISTANCE

Is either parent receiving public assistance? NO YES - If Yes, which parent?
Mother Father

Case number: _____ County filed: _____

Please attach a copy of the Judgment from this case.

District Attorneys Name and address to which child support payments must be made:

Address: _____

City: _____, State _____ Zip _____



4 INFORMATION ABOUT THE PARENTS - Required by the Court

CURRENT GROSS * monthly income of Mother \$ _____ Father \$ _____

TOTAL MONTHLY Deductions for Mother \$ _____ Father \$ _____

CURRENT NET ** monthly income of Mother \$ _____ Father \$ _____

COMBINED GROSS MONTHLY income before separation \$ _____

* This is the amount you get paid before you pay taxes

** This is the amount you take home after you have paid taxes and other deductions

Last 4 Digits of SSN Mother XXX-XX-_____ Father XXX-XX-_____

Date of Birth Mother ___/___/___ Father ___/___/___

Driver's License Number Mother _____ Father _____

Mother's Employer: _____

Address: _____

City: _____ State _____ Zip _____ Work phone () _____ - _____

Father's Employer: _____

Address: _____

City: _____ State _____ Zip _____ Work phone () _____ - _____

TAXES (continued)

Future filing status:

Mother Single
 Head of household
 Married filing jointly
 Married filing separately

Father Single
 Head of household
 Married filing jointly
 Married filing separately

8 OTHER COSTS

The following expenses (include dental, orthodontia, special needs, child care, extra-curricular activities) will be paid by:

_____ Mother _____% Father _____%

_____ Mother _____% Father _____%

_____ Mother _____% Father _____%

_____ Mother _____% Father _____%

_____ Mother _____% Father _____%

9 OTHER AGREEMENTS ABOUT YOUR CHILD(REN)

Add extra pages if necessary.

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"