

## B. Basic Visitation Schedule

### Mother

The children will spend time with their mother according to the following schedule:

- |                                     |                                  |  |                                 |
|-------------------------------------|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Thursdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Fridays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Saturdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Sundays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |

### Father

The children will spend time with their father according to the following schedule:

- |                                     |                                  |  |                                 |
|-------------------------------------|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Thursdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Fridays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Saturdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Sundays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |                                 |
| <input type="checkbox"/> Every week |                                  | <input type="checkbox"/> Week 1                          | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3     |                                  | <input type="checkbox"/> Week 4                          | <input type="checkbox"/> Week 5 |