

### Parenting Plan Worksheet

Consider the following when you are preparing your formal parenting plan:

#### I. Basic Residential Schedule

##### **Mother**

Check off the days and times the children will reside with their mother.

- |                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Thursdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Friday     | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Saturdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Sunday     | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |

-or-

- All at all times when they are not scheduled to be in their father's care

##### **Father**

Check off the days and times the children will reside with their father.

- |                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Mondays    | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Tuesdays   | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Thursdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Friday     | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Saturdays  | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |
| <input type="checkbox"/> Sunday     | <input type="checkbox"/> All Day | <input type="checkbox"/> From _____ am/pm to _____ am/pm |

-or-

- All at all times when they are not scheduled to be in their mother's care