

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