

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____ In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number:                                  E-mail: FAX Number:                                      Atty. Reg. #:	Case Number:  Division                                  Courtroom
<b>PARENTING PLAN</b>	

To promote the amicable settlement of disputes among parties, parties may enter into a written parenting plan containing provisions for the allocation of parental responsibilities including decision-making and parenting time. You **must** submit to the Court some form of **written Parenting Plan** addressing all of the issues which are relevant to the facts of your case. If you do not, the Court **must** enter its own plan, and this may not be the plan you think is in the best interests of you or your child(ren). When the Court either approves your plan, or enters its own, the plan will become a Court Order.

You may use this form as a Parenting Plan to submit to the Court. This standard form **does not** include every possible issue that may be relevant to the facts of your case. A section entitled "Other Terms" is available for you to identify unique issues that you may have in your case. **If you need more space than is provided, attach additional pages to the form. Any additional pages must include notarized signatures.**

This is a  Full Parenting Plan or a  Partial Parenting Plan. If this is a partial plan, please complete and file with the Court JDF 1129 – Pretrial Statement to identify issues that you have not agreed on. **This is a required form if you have any issues that you cannot agree on.**

The Petitioner is the child(ren)'s:  Father    Mother    Other Party (state relationship to child(ren))  
 \_\_\_\_\_

The Co-Petitioner/Respondent is the child(ren)'s:  Father    Mother    Other Party (state relationship to child(ren))  
 child(ren) \_\_\_\_\_

**The child(ren) are:**

Full Name of Child	Present Address	Sex	Date of Birth

## Section 1: Allocation of Parental Responsibilities (Decision-making)

1. The parties understand that day-to-day decisions such as minor training or correction, minor medical and dental care, curfew, chores, allowance, clothing, hygiene, etc. will be made by the party who has the child(ren) at the time such decisions are necessary.
2. Each party will inform the other party of any changes with their address and/or phone numbers in advance.
3. Both parties will provide the names, addresses, and telephone numbers of all medical, dental, and mental health care providers. Either party may authorize emergency care, but if possible both parties agree to contact the other party first.
4. Unless otherwise provided by the Court, state law provides that both parties have access to the records of the child(ren) including school, medical, dental, and mental health records, pursuant to §14-10-123.8, C.R.S.
5. The child(ren) identified above have lived in Colorado for the last six months or since birth if under six months of age.  Yes  No If No, please explain: \_\_\_\_\_

We have identified below whether the major decisions (Education, Medical/Dental Mental Health, and Religious) will be joint or will be made by one party.

Type of Major Decision-Making	Joint	Father	Mother	Other Party
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Dental/Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Allocation of Parental Responsibilities (Parenting Time)

Parties are encouraged to create a Parenting Plan that meets the needs of the child(ren) and individual needs of their family. If you have any unique issues, please identify them under "other" or provide an attachment to this parenting plan. If a party fails to comply with a provision of this plan, child support is not affected.

### A. Parenting Time

The child(ren) named in this plan reside the majority of the time with: (check one)

Father  Mother  Other Party

When the child(ren) is/are not with the party listed above, parenting time will be exercised by the other party. Drop off times and location shall be identified as necessary. **If the table below does not accommodate your schedule, please attach a calendar or other document.**

Check the appropriate box "Father", "Mother" or "Other" = "Other Party" for who will be caring for the child(ren).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Week 1</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
<b>Week 2</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
Drop off Time: <b>Indicate a.m. or p.m.</b>							
Drop off location:							

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Travel and Vacation Plans**

The parties agree that should either of them require out-of-state or any type of overnight travel with the child(ren), each party will inform the other party of such travel and vacation plans, including notice and contact information.

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Holidays and Special Occasions**

The following schedule will take priority over the regular weekday and weekend schedule in **Section A**. Please check all that apply and indicate the time and place of exchange, which party the child(ren) will spend time with, and the schedule, i.e. even/odd/all years, alternating events, etc. Identify any unique situations under "Other".

Event	Name of party spending time with child(ren)	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> Spring Break					
<input type="checkbox"/> Mother's Day					
<input type="checkbox"/> Memorial Day					
<input type="checkbox"/> Father's Day					

Event	Name of party spending time with child(ren)	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> July 4 <sup>th</sup>					
<input type="checkbox"/> Labor Day					
<input type="checkbox"/> Thanksgiving Break					
<input type="checkbox"/> Winter Break					
<input type="checkbox"/> Summer Break					
<input type="checkbox"/> Children's Birthdays					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					

Other parenting time arrangements:

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### Section 3: Relocation

Relocation refers to moving the child(ren)'s residence so that the geographic ties between the child(ren) and the other parent are substantially changed requiring a modification of allocation of parental responsibilities (decision-making and parenting time). The parties understand that after the Decree or Order is issued, if a party wants to relocate, he/she must file a Motion with the Court, pursuant to §14-10-129, C.R.S. and obtain court permission to relocate.

The Father Mother Other Party is planning to relocate with the child(ren) to \_\_\_\_\_ (identify city/state) on \_\_\_\_\_ (date) and we have agreed to the following terms:

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## Section 4: Financial Obligations for the Benefit of the Child(ren)

### A. Child Support

Child Support Payment Agreement:

1. The Father Mother shall pay child support to the Father Mother Other Party in the sum of \$ \_\_\_\_\_ per month beginning on \_\_\_\_\_ (date).
2. Child support payments shall be paid: (check one)  
 To the Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171.  
 Directly to the Father Mother Other Party
3. Child support payments shall be paid: (check one)  
weekly bi-weekly twice a month monthly Other: \_\_\_\_\_

Child Support shall be paid per a previously issued Administrative Order in \_\_\_\_\_ (case number) issued on \_\_\_\_\_ (date) in \_\_\_\_\_ (County).

The attached Child Support Worksheet reflects an amount of child support of \$ \_\_\_\_\_ per month.

The amount of child support agreed to by the parties **is based** upon the Child Support Worksheet.

or

The amount of child support agreed to by the parties **is not based** upon the Child Support Worksheet. Please identify the amount and the reasons why you agree to deviate from the amount identified in the Child Support Worksheet. **(The Court must approve any deviation from the guideline amount and will do so only for compelling reasons.)**

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**It is the responsibility of the Obligee (the person receiving the payment) to complete the appropriate forms to activate an income assignment, pursuant to §14-14-111.5(3)(a)(II), C.R.S. Please see JDF 1801 – Instructions, if applicable.**

### B. Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of-Pocket Medical Expenses

Father shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children the Father will be providing insurance for:

\_\_\_\_\_ **and/or**

Mother shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children the Mother will be providing insurance for:

\_\_\_\_\_ **and/or**

\_\_\_\_\_ (name of party) shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for: \_\_\_\_\_

Extraordinary Medical Expenses are defined as uninsured expenses, including co-payments and deductible amounts in excess of \$250.00 per child per calendar year. Note: The first \$250.00 is the responsibility of the person receiving the child support. The parties agree that extraordinary medical, dental, vision, or mental

health expenses for the child(ren) shall be divided with the Father paying \_\_\_\_\_ %, the Mother paying \_\_\_\_\_ %, and the Other Party paying \_\_\_\_\_ %.

Other: \_\_\_\_\_  
 \_\_\_\_\_

**A "Notice to Employer to Deduct for Health Insurance" (JDF 1809) can be completed by the Obligee (person receiving) and served upon the Obligor (person paying) and Obligor's employer.**

**C. Extraordinary Expenses (Post-Secondary education, school/sport activities, etc.)**

You may use this section to document any agreements made between the parties that are not required by law to be addressed such as post-secondary education, automobile access or insurance, or any other agreements affecting the general welfare of the child(ren). **NOTE: Agreements made under this provision, if approved by the Court and made a part of the Decree or Order, become enforceable by the Court.**

The parties agree to the following:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 5: Child Tax Deduction**

Only one party may claim a deduction for each child on his/her income tax return. Both parties agree to prepare appropriate IRS forms, for example, Form 8332 "Release of Claim to Exemption for Child of Divorced or Separated Parents" IRS link to forms: <http://www.irs.gov/formspubs/index.html>

The dependency exemptions(s), pursuant to §14-10-115(14.5), C.R.S., shall be as follows:

**"F" = Father "M" = Mother "O" = Other party**

Full Name of Child	Deduction to be claimed every year by:			Deduction to be claimed during odd years			Deduction to be claimed during even years		
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 6: Other Terms**

If the parties cannot reach an agreement in the future on any issues involving the child(ren), they agree to enter into mediation arbitration at their own cost. Yes, we agree. No, we do not agree.

Identify below any issues not already identified in this agreement.

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**Minor changes may be made at any time if both parties agree to the changes. A written agreement to modify child support, the primary caretaking party, or other substantial changes to the parenting plan should be filed with the Court along with a proposed order for the Court to approve the modification.**

**Please re-read this document carefully to make sure it accurately reflects your entire agreement. Items agreed upon outside of this document may not be enforceable.**

**Your signature below indicates that you have read, understand, and agree with all terms of this agreement. This document should be signed in the presence of a notary public or court clerk.**

\_\_\_\_\_  
Petitioner's Signature Date

\_\_\_\_\_  
 Co-Petitioner's  Respondent's Signature Date

\_\_\_\_\_  
Signature of Attorney, if applicable Date

\_\_\_\_\_  
Signature of Attorney, if applicable Date

\_\_\_\_\_  
Petitioner's Address

\_\_\_\_\_  
Co-Petitioner/Respondent's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
(Area Code) Work Telephone Number

\_\_\_\_\_  
(Area Code) Work Telephone Number

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Clerk

\_\_\_\_\_  
Notary Public/Clerk