

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Domestic Relations Branch**

\_\_\_\_\_  
PRINT PLAINTIFF'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU  
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE  
YOU FEAR HARASSMENT OR HARM.

PLAINTIFF,

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU  
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE  
YOU FEAR HARASSMENT OR HARM.

DEFENDANT.

DR \_\_\_\_\_

Related Cases:

\_\_\_\_\_

\_\_\_\_\_

## PARENTING PLAN

THE PURPOSE OF A PARENTING PLAN IS TO HELP YOU THINK CAREFULLY ABOUT THE DETAILS OF YOUR CUSTODY ORDER. YOU CAN DECIDE:

- WHO WILL MAKE WHAT DECISIONS ABOUT THE CHILD(REN)?
- WHO THE CHILD(REN) WILL STAY WITH AND WHEN?
- WHAT FINANCIAL CONTRIBUTIONS SHOULD BE MADE TO SUPPORT THE CHILD(REN)?

IF YOU WANT, YOU CAN ASK THE JUDGE IN YOUR CASE TO INCORPORATE THIS PARENTING PLAN INTO A COURT ORDER.

**NOTE:**

IF THE PARENTING ARRANGEMENTS ARE DIFFERENT FOR SOME OF YOUR CHILDREN,  
YOU SHOULD WRITE UP A SEPARATE PARENTING PLAN FOR EACH CHILD.

**THIS PARENTING PLAN INVOLVES THE FOLLOWING CHILD(REN):**

<b>Child's Name</b>	<b>Age</b>	<b>Where does this child live?</b>

**IF YOU HAVE CHILDREN NOT ADDRESSED BY THIS PARENTING PLAN, NAME HERE:**

<b>Child's Name</b>	<b>Age</b>	<b>Where does this child live?</b>

**LEGAL CUSTODY (who makes decisions about certain things)**

- |                           |   |                                    |                                    |
|---------------------------|---|------------------------------------|------------------------------------|
| <b>Diet</b>               | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Religion</b>           | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Medical Care</b>       | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Mental Health Care</b> | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Discipline</b>         | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Choice of School</b>   | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Choice of Study</b>    | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>School Activities</b>  | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <b>Sports Activities</b>  | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |

**What process will you use to make decisions?**

FOR EXAMPLE – THE PARENT CONFRONTED WITH OR ANTICIPATING THE CHOICE WILL CALL THE OTHER PARENT WHEN THE CHOICE PRESENTS ITSELF AND THE OTHER PARENT MUST AGREE OR DISAGREE WITHIN 24 HOURS OF ANY DEADLINE OR IF IN LESS TIME, THEN BEFORE ANY DEADLINE)

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If you cannot agree, which of you will make the final decision?

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**PHYSICAL CUSTODY (where the child(ren) live)**

The child(ren)'s residence is with \_\_\_\_\_

Describe which days and which times of day the child(ren) will be with each person:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This schedule is  every week  every two weeks  other \_\_\_\_\_

If not weekly, which of you has the child(ren) the rest of the time? \_\_\_\_\_

**Drop-off**

Where? \_\_\_\_\_

When? (time and day) \_\_\_\_\_

**Pick-up**

Where? \_\_\_\_\_

When? (time and day) \_\_\_\_\_

If one of you doesn't show up, how long will the other wait? \_\_\_\_\_

If there are extraordinary costs (taxi, train, plane, etc.) who will pay for which costs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOLIDAY VISITATION

HOLIDAY	Where will the child stay in...		
	Year A	Year B	Every Year
Martin Luther King Day			
President's Day			
Easter			
Memorial Day			
4 <sup>th</sup> of July			
Labor Day			
Yom Kippur			
Rosh Hashanah			
Thanksgiving			
Vacation after Thanksgiving			
Christmas Vacation			
Christmas Day			
Kwanza			
New Year's Eve/Day			
Spring Vacation			
Easter Sunday			
Child's Birthday			
Mother's Day			
Father's Day			
Other holiday: (Chanukah, Passover, Ramadan, etc)			

### Summer Vacation:

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**COMMUNICATION**

**May parents contact one another?** \_\_\_\_\_

**When the child(ren) is/are with the one of you, how may they contact the other parent?**

\_\_\_\_\_

\_\_\_\_\_

**When and how may \_\_\_\_\_ contact the child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When and how may \_\_\_\_\_ contact the child, when the child is visiting?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD(REN)'S EXPENSES**

<b>Expense</b>	<b>Mother - amount or %</b>	<b>Father – amount or %</b>
Health Insurance Coverage		
Medical Care (including co-pays)		
Dental (braces, fillings, etc.)		
Vision (eyeglasses, contacts, etc.)		
Other Health Care		
Mental Health Care		
Education (tuition, books, fees, etc.)		
Childcare (work-related)		
Other (music lessons, sports equipment, car insurance, etc.)		
Other		
Other		
Other		
Other		
Unexpected Expenses not anticipated at the time of this agreement		

**CHILD SUPPORT GUIDELINES**

**Child support will be paid by**       Plaintiff     Defendant

**Amount**      \$ \_\_\_\_\_       every week       every two weeks  
 once a month       other \_\_\_\_\_

**TAXES** (who can take the income tax deduction for the child(ren) each year)

**Plaintiff** can take the deduction       in Year A     in Year B     Every Year

**Defendant** can take the deduction       in Year A     in Year B     Every Year

**Other** \_\_\_\_\_  
\_\_\_\_\_

**COLLEGE** (if you send your child(ren) to college)

**Plaintiff** will pay all college tuition, room and board, and books.

**Defendant** will pay all college tuition, room and board, and books.

**Plaintiff and Defendant will share** expenses for college tuition, room and board, and books.

**Plaintiff** will pay \_\_\_\_\_ % of the total expenses.

**Defendant** will pay \_\_\_\_\_ % of the total expenses.

\* these must add up to 100%

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

