

PARENTING TIME PLAN

A parenting time plan should be consistent and reliable for your child(ren). It should also work with each parent's schedule. You can develop a plan by completing the sections below. Some common visitation options are provided to help you.

FATHER: _____

SCT CASE NO: _____

MOTHER: _____

CUSTODY

Select the parent(s) who will have legal and physical custody of the child(ren):

Mother **Father** **Joint**

Legal Custody – A parent's right and responsibility to make decisions about a child's health, education, and well-being.

Physical Custody – The parent who will have the child with them the majority of the time.

VISITATION SCHEDULE

Father Mother is the parent exercising visitation for purposes of this plan.

If you want a flexible schedule without having set days each week, check the box below.

Parents agree to reasonable visitation to be determined on an ongoing basis.
If checked, you do not need to complete the rest of the *Visitation Schedule* section.

If you want specific days each week and holidays, select options below that work for you.

1. Weekends – Parents agree to the following weekend schedule starting _____:

Option 1: Every other weekend *from* Friday at 6 p.m. / ____:____ __.m. *through* Sunday at 6 p.m. / ____:____ __.m.

Option 2: Every weekend *from* Friday at 6 p.m. / ____:____ __.m. *through* Sunday at 6 p.m. / ____:____ __.m.

Option 3: Other [*specify*]: _____

2. Weekdays – Parents agree to the following weekday schedule starting _____:

Option 1: One weekday evening each week on [*specify day*] _____
from 6 p.m. / ____:____ __.m. *through* 9 p.m. / ____:____ __.m.

Option 2: One weekday overnight each week on [*specify day*] _____
from 6 p.m. / ____:____ __.m. *through* the following day before school (or 10 a.m. / ____:____ __.m. if child is not in school).

Option 3: Other [*specify*]: _____

3. **Holiday/Special Days** – Parents agree to the below holiday/special days. These days take precedence over the weekday/weekend schedule when they conflict.

Years		Holiday/ Special Days	Visitation
Odd	Even		
<input type="checkbox"/>	<input type="checkbox"/>	New Years	<i>From</i> December 31 st at 6 p.m. / __:___.m. <i>through</i> January 1 st at 6 p.m. / __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	Memorial Day weekend	<i>From</i> Friday at 6 p.m. / __:___.m. <i>through</i> Monday at 6 p.m. / __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	July 4 th	<i>From</i> July 4 th at 10 a.m. / __:___.m. <i>through</i> July 5 th before school (or 10 a.m. / __:___.m. if child is not in school).
<input type="checkbox"/>	<input type="checkbox"/>	Labor Day weekend	<i>From</i> Friday at 6 p.m. / __:___.m. <i>through</i> Monday at 6 p.m. / __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	Thanksgiving	<i>From</i> Wednesday at 6 p.m. / __:___.m. <i>through</i> Sunday at 6 p.m. / __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	Child's Birthday	<i>From</i> after school (or 10 a.m. / __:___.m. if child is not in school) <i>through</i> before school the next day (or 10 a.m. / __:___.m. if child is not in school).
<input type="checkbox"/>	<input type="checkbox"/>	Other [specify]: _____	<i>From</i> _____ at __:___.m. <i>through</i> _____ at __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	Other [specify]: _____	<i>From</i> _____ at __:___.m. <i>through</i> _____ at __:___.m.
<input type="checkbox"/>	<input type="checkbox"/>	Other [specify]: _____	<i>From</i> _____ at __:___.m. <i>through</i> _____ at __:___.m.

TRANSPORTATION FOR VISITS

Parents agree to transportation for visitation as follows:

1. Father Mother will provide transportation **to** the visits. **Note:** This parent will pick the child up from school anytime visitation starts when the school day ends.
2. Father Mother will provide transportation **from** the visits. **Note:** This parent will drop the child off at school anytime visitation ends when the school day begins.
3. Other [specify]: _____

ADDITIONAL TERMS

Parents agree to the following additional visitation terms: _____

Date: _____

Date: _____

Signature of Mother

Signature of Father