JDF 1113	**Parenting Plan**

1. District Court

Colorado County: _____

Court Address: _____

2. Parties to the Case

Petitioner: _____

&

Respondent: _____
(or Co-petitioner)

Intervenors/Others: *(if any)* _____

This box is for court use only.

3. Filed by

Name: _____

Mailing Address: _____

City: _____ St: ____ Zip: _____

Phone: _____

Email: _____

4. Case Details

Number: _____

Division: _____

Courtroom: _____

5. Instructions

- All Parties must sign a Parenting Plan for the court to review.
- List special situations not included in the form in the "Other Terms" section on page 9.
- Attach more pages if needed. You **must sign** each extra page.

6. Agreement Type *(check one)*

☐ We **agree on everything** in this Parenting Plan. We have both signed this form.

☐ We **agree on some areas** of this Parenting Plan. We have both signed this form. Sections are left blank in areas of no agreement.

Note: The court may order mediation for areas with no agreement.

☐ We **cannot agree** on a Parenting Plan. We are filing separate Parenting Plans.

Note: The court may order mediation.

7. Relationship to the Children

Petitioner **(Pt)** is the: ☐ Mother ☐ Father ☐ Other _____

Respondent *(or co-petitioner)* **(R/C)** is the: ☐ Mother ☐ Father ☐ Other _____

Other **(Ot)** is: *(explain)* _____

8. List children of this relationship 19 and under:

Child's Full Name	Current Address	Sex	Date of Birth

9. Parenting Decisions

Who is responsible for making the following decisions?

a)	School & Education	☐ Both	☐ Pt	☐ R/C	☐ Other*
b)	Medical, dental, and mental health	☐ Both	☐ Pt	☐ R/C	☐ Other*
c)	Religious Activities (if any)	☐ Both	☐ Pt	☐ R/C	☐ Other*
d)	Extracurricular & Recreational Activities	☐ Both	☐ Pt	☐ R/C	☐ Other*
e)	Passport	☐ Both	☐ Pt	☐ R/C	☐ Other*
f)	Other: (list) _____	☐ Both	☐ Pt	☐ R/C	☐ Other*
g)	Other: (list) _____	☐ Both	☐ Pt	☐ R/C	☐ Other*
h)	For School attendance, children's residence is with:		☐ Pt	☐ R/C	☐ Other*

* Other is *(name)* _____

Rules: When the Children are With You

- You can make routine decisions about activities, minor health care, curfew, chores, allowance, clothing, etc.
- You can authorize emergency care on your own. If possible, try to contact the other parent first.
- You must give the other parent contact information for all the children's health care providers.
- You must inform the other parent about address or phone number changes.
- You can access the children's school and health care records unless a court order says otherwise. *C.R.S. § 14-10-123.8.*

10. School Year Schedule

Weekdays and Weekends

a) In Petitioner's (Pt) Care: *(List days of the week and times)*

_____

_____

_____

_____

_____

b) In Respondent's Co-petitioner's (R/C) Care: *(List days of the week and times)*

c) In Intervenor's (Ot) Care: *(List days of the week and times)*

Note: This party must be a named Intervenor. Do not list babysitters and daycare providers as an Other Party.

d) The transportation and transfer arrangements will be as follows:

11. Summer Schedule *(check one)*

☐ The above school year schedule will apply during the summer.

Or

☐ The following schedule will be used during the summer:

a) In Petitioner's Care: *(List days of the week and times)*

b) In Respondent's *(or co-petitioner)* Care: *(List days of the week and times)*

c) In Intervenor's Care: *(List days of the week and times)*

Note: This party must be a named Intervenor. Do not list babysitters and daycare providers as an Other Party.

_____
_____
_____
_____
_____

d) The transportation and transfer arrangements will be as follows:

_____
_____
_____
_____
_____

12. Holidays and Special Occasions

This schedule will take priority over **Sections 10 and 11** unless a holiday is left blank.
Enter "Even Years," "Odd Years," or "All Years" for a party.
Check specific days for long weekends: (M)onday, (T)uesday, (W)ednesday, Thu(R)sday, (F)riday, (S)aturday, Su(N)day.

a) School Breaks & Cultural Holidays

Spring Break: Pt: _____ R/C: _____ Ot: _____

Mother's Day: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

Father's Day: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

Halloween: Pt: _____ R/C: _____ Ot: _____

Thanksgiving Break: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

Winter Break Week 1: Pt: _____ R/C: _____ Ot: _____

Winter Break Week 2: Pt: _____ R/C: _____ Ot: _____

Children's Birthdays: Pt: _____ R/C: _____ Ot: _____

b) State Holidays

Memorial Day Weekend: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

Independence Day: Pt: _____ R/C: _____ Ot: _____

Labor Day Weekend: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

c) Religious and Other Holidays

Easter: Pt: _____ R/C: _____ Ot: _____

Christmas Eve: Pt: _____ R/C: _____ Ot: _____

Christmas Day: Pt: _____ R/C: _____ Ot: _____

_____: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

_____: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

_____: Pt: _____ R/C: _____ Ot: _____
Days: ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ N

d) Other Arrangements

_____
_____
_____
_____
_____

e) Rules about Parenting Time

- If you have problems following the plan, talk to a mediator or file papers with the court to ask the court to change or enforce it.

13. Overnights

There are 365 overnights per year. The number of overnights each party gets under this plan:

Pt: _____ R/C: _____ Ot: _____ **Total ***: _____

* If not 365, explain why: _____

14. Travel and Vacations: *(check all that apply)*

☐ The Parties agree to tell each other about plans for overnight and out-of-state travel with the children and to provide contact information.

☐ Passports: *(name)* _____ may authorize travel for the children, *(names)* _____ and may prepare any documents required for travel without consent, knowledge, and signature of *(names)* _____

☐ Other arrangements: *(describe)*

_____

_____

15. Phone Access: *(check all that apply)*

☐ The Parties may have reasonable phone contact with the children during the children's normal waking hours.

☐ Details or other arrangement: *(describe)*

_____

_____

16. Moving

The Parties understand they **must** file a new parenting plan and get the court's permission to move a significant distance. C.R.S. § 14-10-129. *(Check one)*

☐ No Party has **current** plans to move a significant distance.

☐ One parent may be moving, and the parents have agreed on a new parenting plan for that situation. Explain which party is moving and how it will affect your parenting plan:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

17. Child Support

Note: The court will review the amount to see if it meets legal guidelines. Child support is an obligation by statute.

a) Amount *(check one)*

☐ The amount is based on a court order or Child Support Services case.

The amount is $ _____

Court order or case number: _____

Date of order/case: _____

County: _____

☐ The amount is from the child support worksheet. (Note: Court makes final decision)

The amount is $ _____ *(Check one)*

☐ I/We agree on the above child support amount.

☐ Instead of the child support worksheet amount, the parties agree on a monthly child support of $ _____ *Explain:*

_____

b) Payment Agreement

The payment will be made by the: ☐ Petitioner. ☐ Respondent *(or co-petitioner)*.

Total monthly amount: $ _____

Starting Date: _____

Payments made/split: *(check one)*

☐ Once a month. ☐ Twice a month. ☐ Every 2 weeks. ☐ Every week.

To be paid on the _____ day of the: *(check one)* ☐ week. ☐ month.

Paid To: *(check one)*

☐ Family Support Registry (FSR) (P.O. Box 2171, Denver, CO 80201-2171)

☐ Petitioner. ☐ Respondent *(or co-petitioner)*. ☐ Other Party.

c) Rules

- You must obey the child support order even if one parent does not follow the parenting plan.
- If child support is ***not*** paid on time, the party owed support may ask for the money to be taken from the other party's paycheck. See form JDF 1801. C.R.S. § 14-14-111.5(3)(a)(II).

18. Health Insurance and Costs *(check all that apply)*

☐ The Petitioner will provide the following insurance for the children:

☐ Medical ☐ Dental ☐ Vision ☐ Mental Health

Except for: *(list names, if any)* _____

☐ The Respondent *(or co-petitioner)* will provide the following insurance for the children:

☐ Medical ☐ Dental ☐ Vision ☐ Mental Health

Except for: *(list names, if any)* _____

☐ The Other Party will provide the following insurance for the children:

☐ Medical ☐ Dental ☐ Vision ☐ Mental Health

Except for: *(list names, if any)* _____

☐ The parties will share extraordinary medical expenses in the following way:

Pt %: _____ R/C % _____ Ot % _____

☐ Other arrangement: *(describe)* _____

_____

Warning!

If the party ordered to provide insurance does not do so, the other party may ask the party's employer to deduct it from their paycheck. See form JDF 1809.

19. Optional Expenses

List any other expenses

Examples include private schools, universities, trade schools, extracurricular activities, etc.

☐ The parties agree to these other expenses *(describe):*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ The parties will share the cost of *(specify)* _____ in the following way:

Pt %: _____ R/C % _____ Ot % _____

20. Child Tax Exemption

Only one party can claim a child as a dependent on their tax return per year.

If you do not make an agreement below, follow Colorado law, which is based on your contributions to the children. C.R.S. § 14-10-115(12).

Petitioner will Claim:

Child	**In Which Years** *(even, odd, all)*
☐ All Children *(but those checked below)*	
☐ Name:	
☐ Name:	
☐ Name:	
☐ Name:	

Respondent *(or co-petitioner)* **will Claim:**

Child	**In Which Years** *(even, odd, all)*
☐ All Children *(but those checked below)*	
☐ Name:	
☐ Name:	
☐ Name:	
☐ Name:	

Other will Claim:

Child	**In Which Years** *(even, odd, all)*
☐ All Children *(but those checked below)*	
☐ Name:	
☐ Name:	
☐ Name:	
☐ Name:	

☐ Other tax arrangements: *(describe)* _____

Warning!

You can only claim a child as a tax dependent for that year if you are current with any child support payments. C.R.S. § 14-10-115(12).

21. Other Terms *(check all that apply)*

☐ The parties have made other agreements not listed above, including: *(specify)*

_____

_____

_____

_____

☐ If the parties cannot agree on the parenting plan in the future, *they agree to:*

☐ Mediation. ☐ Arbitration. ☐ Other alternative dispute resolution process.

☐ The parties agree to exchange financial information every year, such as:

☐ Income tax information ☐ Insurance information

☐ Other: *(specify)* _____

22. Verified Signature

Before you sign! Read this document carefully. Make sure it shows everything you agreed to.

Petitioner

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* _____ day of *(month)* _____ *(year)* _____

at City: *(or other location)* _____

and State: *(or country)* _____

Print Your Name: _____

Your Signature: _____

☐ My new mailing address: *(with city/state/zip)* _____

Counsel Signature: *(If any)* _____

Respondent *(or co-petitioner)*

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* _____ day of *(month)* _____ *(year)* _____

at City: *(or other location)* _____

and State: *(or country)* _____

Print Your Name: _____

Your Signature: _____

☐ My new mailing address: *(with city/state/zip)* _____

Counsel Signature: *(If any)* _____

23. Certificate of Service

Complete this section if only one party signed the Verification above.

On *(enter service date)* _____

I certify that I sent a copy of this document to the other parties by: *(select one)*

- ☐ Colorado Courts E-Filing. [www.jbits.courts.state.co.us/efiling]
- ☐ Regular Mail, addressed to:
  Name & full address: _____
- ☐ Other: *(explain)* _____

☐ Check if a copy was also sent to the Child Support Enforcement Unit. You must send them a copy if they are involved in your case.

24. Additional Information

Space for additional information that didn't fit in the previous sections:

Additional Page Signature(s): _____