

Parenting Plan Form

Child Information

| | | |
|---|---|---|
| Name: Gender: DOB: SS# Special Needs: School: Custody: <input type="checkbox"/> Joint <input type="checkbox"/> P1 <input type="checkbox"/> P2 Primary Residence: | Name: Gender: DOB: SS# Special Needs: School: Custody: <input type="checkbox"/> Joint <input type="checkbox"/> P1 <input type="checkbox"/> P2 Primary Residence: | Name: Gender: DOB: SS# Special Needs: School: Custody: <input type="checkbox"/> Joint <input type="checkbox"/> P1 <input type="checkbox"/> P2 Primary Residence: |
|---|---|---|

Parent One (P1) Information

Name: _____ **DOB:** _____ **Address:** _____

| | | |
|---|--|---|
| <p><u>Basic Information and Family History</u></p> | <p><u>Custody, Schedule, and Parenting Responsibilities</u></p> | <p><u>Financial Information and Responsibilities</u></p> |
|---|--|---|

Parent Two (P2) Information

Name: _____

DOB: _____

Address: _____

| <u>Basic Information and Family History</u> | <u>Custody, Schedule, and Parenting Responsibilities</u> | <u>Financial Information and Responsibilities</u> |
|--|---|--|
| | | |

Signature: _____

Date: _____

Signature: _____

Date: _____