

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court County, Colorado Court Address: <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: <hr/> Petitioner: and Co-Petitioner/Respondent:	<div style="text-align: center; margin-top: 100px;"> ▲ COURT USE ONLY ▲ </div>	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
PARENTING PLAN		

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. The written Parenting Plan must contain provisions for the allocation of parental responsibilities including decision-making and parenting time. 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 signatures.**

To promote agreement among parties where the children are involved, parties may jointly create a written Parenting Plan. If you do not enter into a joint written Parenting Plan, you must each file your own written Parenting Plan. Without an agreement, the Court **must** enter its own plan which may be a plan filed by one of the parties or may be entirely different. Whether the Court approves your plan or enters its own, the Parenting Plan will become a Court Order.

This is a:

- Full Joint Parenting Plan** (we agree to everything and the plan is signed by both parties.)
- Partial Joint Parenting Plan** (we agree to some things and the plan is signed by both parties.)
- Parenting Plan prepared by one party** (no agreement).

If this is a partial joint Parenting Plan or a Parenting Plan prepared by one party, 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. A hearing may be necessary to address the issues.**

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)) _____

The child(ren) are:

Full Name of Child	Present Address	Sex	Date of Birth

Section A: 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 ordered by the Court for good cause shown, 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. For purposes of school attendance only, the child(ren)'s residence will be with the:
 Mother Father Other Party

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. If major decision will be made by someone other than one of the parents, check the "Other Party" column. **Note:** The Other Party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan.

Type of Major Decision-Making	Joint	Mother	Father	Other Party
Educational, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Dental/Mental Health, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular and Recreational Activities, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>