

ADDENDUM # 2: Parenting Plan Preferences

Custody of Children: (Circle one)

Legal Custody with: Mother Father Joint Shared

Primary Physical Custody with: Mother Father Joint

Time Allocated to each parent:

Monday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Tuesday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Wednesday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Thursday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Friday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Saturday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Sunday: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Drop off/pick up time and place: _____

Weekly Total Hours: Mother: _____ Father: _____

Monthly Total **Overnights**: Mother: _____ Father: _____

Do you want to alternate weekend visits during each month: _____

If no, please indicate which weekend of the month the visitation will take place or alternate.

1st 2nd 3rd 4th Notes: _____

Holidays and Vacation:

(Please indicate holiday and vacation visitation preferences, and odd or even number of years)

New Year's: _____ Easter: _____

Spring Break: _____ Mother's Day: _____

Father's Day: _____ July 4th: _____

Labor Day: _____ Thanksgiving: _____

Christmas Day: _____ a.m. to _____ p.m. Total Hours: _____ Parent _____

_____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Christmas Vacation (two week period):

Week 1 Date: _____
_____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Week 2 Date: _____
_____ a.m. to _____ p.m. Total Hours: _____ Parent _____

Do you want to alternate Christmas vacation visitation each year?: _____

Summer Vacation: (circle week preference for summer vacation visitation)

1st 2nd 3rd 4th week of **June:** Mother Father will have child/children from
_____ day: _____ a.m. to _____ p.m. on _____ day.

1st 2nd 3rd 4th week of **July:** Mother Father will have child/children from
_____ day: _____ a.m. to _____ p.m. on _____ day.

1st 2nd 3rd 4th week of **August:** Mother Father will have child/children from
_____ day: _____ a.m. to _____ p.m. on _____ day.

Requirement for notification _____ Date of deadline _____

Other Religious/ Special Days: _____

Drop off/ pick up time and place. _____

Major Decisions:

Please indicate which parent (mother, father, both) will make the major decisions for each issue listed below)

Child(ren)'s Education: _____

Medical and Dental Care: _____

Extracurricular Activities: _____

Religious Training: _____

Any requested restraining orders or restrictions.

1. _____
2. _____
3. _____

Any requested communication requirements.

1. _____
2. _____
3. _____