

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:
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Parent One (P1) Information

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

<p style="text-align: center;"><u>Basic Information and Family History</u></p>	<p style="text-align: center;"><u>Custody, Schedule, and Parenting Responsibilities</u></p>	<p style="text-align: center;"><u>Financial Information and Responsibilities</u></p>
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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: _____