

**Illinois Parenting Plan Template**

\_\_\_\_\_  
PRINT PETITIONER'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
PRINT RESPONDENT'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

THE PURPOSE OF A PARENTING PLAN IS TO HELP YOU THINK CAREFULLY ABOUT THE DETAILS OF YOUR CUSTODY ORDER. YOU CAN DECIDE:

- WHO WILL MAKE WHAT DECISIONS ABOUT THE CHILD(REN)?
- WHO THE CHILD(REN) WILL STAY WITH AND WHEN?
- WHAT FINANCIAL CONTRIBUTIONS SHOULD BE MADE TO SUPPORT THE CHILD(REN)?

**NOTE:**

IF THE PARENTING ARRANGEMENTS ARE DIFFERENT FOR SOME OF YOUR CHILDREN,  
YOU SHOULD WRITE UP A SEPARATE PARENTING PLAN FOR EACH CHILD.

**THIS PARENTING PLAN INVOLVES THE FOLLOWING CHILD(REN):**

<b>Child's Name</b>	<b>Age</b>	<b>Where does this child live?</b>

**IF YOU HAVE CHILDREN NOT ADDRESSED BY THIS PARENTING PLAN, NAME HERE:**

<b>Child's Name</b>	<b>Age</b>	<b>Where does this child live?</b>

**LEGAL CUSTODY (who makes decisions about certain things)**

- |                           |   |                                     |                                     |
|---------------------------|---|-------------------------------------|-------------------------------------|
| <b>Diet</b>               | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Religion</b>           | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Medical Care</b>       | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Mental Health Care</b> | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Discipline</b>         | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Choice of School</b>   | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Choice of Study</b>    | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>School Activities</b>  | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| <b>Sports Activities</b>  | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____                     | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |

**What process will you use to make decisions?**

FOR EXAMPLE – THE PARENT CONFRONTED WITH OR ANTICIPATING THE CHOICE WILL CALL THE OTHER PARENT WHEN THE CHOICE PRESENTS ITSELF AND THE OTHER PARENT MUST AGREE OR DISAGREE WITHIN 24 HOURS OF ANY DEADLINE OR IF IN LESS TIME, THEN BEFORE ANY DEADLINE)

If you cannot agree, which of you will make the final decision?

\_\_\_\_\_

**PHYSICAL CUSTODY (where the child(ren) live)**

The child(ren)'s residence is with \_\_\_\_\_

**Describe which days and which times of day the child(ren) will be with each person:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This schedule is  every week  every two weeks  other \_\_\_\_\_

If not weekly, which of you has the child(ren) the rest of the time? \_\_\_\_\_

**Drop-off**

Where? \_\_\_\_\_

When? (time and day) \_\_\_\_\_

**Pick-up**

Where? \_\_\_\_\_

When? (time and day) \_\_\_\_\_

**If one of you doesn't show up**, how long will the other wait? \_\_\_\_\_

**If there are extraordinary costs** (taxi, train, plane, etc.) who will pay for which costs?

## HOLIDAY VISITATION

HOLIDAY	Where will the child stay in...		
	Year A	Year B	Every Year
Martin Luther King Day			
President's Day			
Easter			
Memorial Day			
4 <sup>th</sup> of July			
Labor Day			
Yom Kippur			
Rosh Hashanah			
Thanksgiving			
Vacation after Thanksgiving			
Christmas Vacation			
Christmas Day			
Kwanza			
New Year's Eve/Day			
Spring Vacation			
Easter Sunday			
Child's Birthday			
Mother's Day			
Father's Day			
Other holiday: (Chanukah, Passover, Ramadan, etc)			

### Summer Vacation:

## SPECIAL ACTIVITIES OR SCHOOL ACTIVITIES

Name of Child	Activity	Will both of you attend? If not, which of you will attend?

## TEMPORARY CHANGES TO THIS PARENTING SCHEDULE

FROM TIME TO TIME, ONE OF YOU MIGHT WANT OR NEED TO REARRANGE THE PARENTING TIME SCHEDULE DUE TO WORK, FAMILY OR OTHER EVENTS. YOU CAN ATTEMPT TO AGREE ON THESE CHANGES, IF YOU CANNOT AGREE, THE PARENT RECEIVING THE REQUEST WILL MAKE THE FINAL DECISION.

**The parent asking for the change will ask**

in person   
 by letter/email   
 by phone   
 \_\_\_\_\_

no later than   
 12 hours   
 24 hours   
 1 week   
 1 month   
 \_\_\_\_\_

**The parent being asked for a change will reply**

in person   
 by letter/email   
 by phone   
 \_\_\_\_\_

no later than   
 12 hours   
 24 hours   
 1 week   
 1 month   
 \_\_\_\_\_

**COMMUNICATION**

**May parents contact one another?** \_\_\_\_\_

**When the child(ren) is/are with the one of you, how may they contact the other parent?**

\_\_\_\_\_

\_\_\_\_\_

**When and how may \_\_\_\_\_ contact the child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When and how may \_\_\_\_\_ contact the child, when the child is visiting?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD(REN)'S EXPENSES**

<b>Expense</b>	<b>Petitioner - amount or %</b>	<b>Respondent – amount or %</b>
Health Insurance Coverage		
Medical Care (including co-pays)		
Dental (braces, fillings, etc.)		
Vision (eyeglasses, contacts, etc.)		
Other Health Care		
Mental Health Care		
Education (tuition, books, fees, etc.)		
Childcare (work-related)		
Other (music lessons, sports equipment, car insurance, etc.)		
Other		
Other		
Other		
Other		
Unexpected Expenses not anticipated at the time of this agreement		

### CHILD SUPPORT GUIDELINES

Child support will be paid by  Petitioner  Respondent

Amount \$ \_\_\_\_\_  every week  every two weeks  
 once a month  other \_\_\_\_\_

### TAXES (who can take the income tax deduction for the child(ren) each year)

Petitioner can take the deduction  in Year A  in Year B  Every Year

Respondent can take the deduction  in Year A  in Year B  Every Year

Other

### COLLEGE (if you send your child(ren) to college)

**Petitioner** will pay all college tuition, room and board, and books.

**Respondent** will pay all college tuition, room and board, and books.

**Petitioner and Respondent will share** expenses for college tuition, room and board, and books.

**Petitioner** will pay \_\_\_\_\_ % of the total expenses.

**Respondent** will pay \_\_\_\_\_ % of the total expenses.

\* these must add up to 100%

**Other**



**OTHER** (anything else you want to agree on)