

My employment phone number is: _____

The Co-Petitioner/Respondent is the child(ren)'s:

Father Mother Other Party (state relationship to child(ren)) _____

My residence address is: _____

My residence phone number is (if no land line use cell phone number): _____

My place and address of employment is: _____

My employment phone number is: _____

Each parent is required to give the other parent at least 60 days prior written notice of a change in his or her residence, unless such notice is impracticable or unless otherwise order by this court. If such notice is impracticable written notice shall be given at the earliest date practicable. At a minimum such notice shall provide:

the intended date of the change of residence; and

the address of the new residence.

Compliance with this notice of change of address provision does not obviate the necessity of any party complying with the dictates of Section 609.2 of the Illinois marriage and Dissolution of Marriage Act for relocation. 750 ILCS 5/609.2. See further Section C of this Agreement.

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. If they are unable to contact the other party first, they will contact the other party as soon as feasible. Each party shall further notify the other party of any health care issues that arose while in their care, travel plans, wherein the party and the children plan to be away from their normal residence overnight giving the other party an alternative contact method and location at where they will be located.

Each party will similarly inform the other party as to any other significant child related issue they become aware of as soon as practicable after learning of such issue.

4. Unless otherwise ordered by the Court for good cause shown, state law provides and the parties agree that both parties have access to the records of the child(ren) including school, medical, dental, and mental health records (subject to the provision of the Illinois mental Health and Development Disabilities Confidentiality Act), pursuant to 750 ILCS Section 602.11.
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. **You cannot name a non-party to be a decision maker.**

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"/>

Section B: Allocation of Parental Responsibilities (Parenting Time)

Parties are encouraged to create a Parenting Plan that meets the needs of the child(ren) and individual needs of their family. If you have any unique issues, please identify them under "other" or provide an attachment to this Parenting Plan. If a party fails to comply with a provision of this plan, child support is not affected, unless the Child Support Order is modified and then only with respect to future payments of child support.

1. Weekday and Weekend Schedule during the School Year

The child(ren) will be in the care of the Mother. List the days of the week and times.

The child(ren) will be in the care of the Father. List the days of the week and times.

The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party. List the days of the week and times.

Transportation and drop-off/pick-up arrangements will be as follows:

2. Summer Schedule

The weekday and weekend schedule above will apply for all 12 calendar months with no specific changes during the summer.

or

During the summer months, the child(ren) will be in the care of the Mother. List the days of the weeks and times.

During the summer months, the child(ren) will be in the care of the Father. List the days of the weeks and times.

The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party. List the days of the week and times.

Transportation and drop-off/pick-up arrangements will be as follows:

3. Holidays and Special Occasions

The following schedule will take priority over the schedules in **Sections 1 and 2**. Please check all that apply, place the name of the party with whom the children will be spending the holiday in the appropriate box (odd/even/all years), and indicate the time and place of exchange. Identify any unique situations under "Other". If a box is not checked, the regular parenting time schedule will apply to that holiday event.

Event	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> Spring Break				
<input type="checkbox"/> Easter				
<input type="checkbox"/> Mother's Day/Weekend				
<input type="checkbox"/> Memorial Day/Weekend				
<input type="checkbox"/> Father's Day/Weekend				
<input type="checkbox"/> July 4 th				
<input type="checkbox"/> Labor Day/Weekend				
<input type="checkbox"/> Halloween				
<input type="checkbox"/> Thanksgiving Day/Break				
<input type="checkbox"/> Christmas Eve				
<input type="checkbox"/> Christmas Day				
<input type="checkbox"/> Week 1 of Winter Break				
<input type="checkbox"/> Week 2 of Winter Break				
<input type="checkbox"/> Children's Birthdays				
<input type="checkbox"/> Other (Identify)				
<input type="checkbox"/> Other (Identify)				

<input type="checkbox"/> Other (Identify)				
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Other parenting time arrangements:

4. Number of Overnights: Based upon the foregoing schedule(s), Mother will have ____ total overnights per year and Father will have ____ total overnights per year. **Note: These two numbers must equal 365.** The _____ (insert mother or father) **is therefore designated the parent with the majority of parenting time AS PER Section 606.10 of the Illinois Marriage and Dissolution of Marriage Act.**

5. Telephone Access

Each party may have reasonable telephone contact with the child(ren) during the child(ren)'s normal waking hours.

Other:

6. Travel and Vacation Plans

The parties agree that should either of them require out-of-state or any type of overnight travel with the child(ren), each party will inform the other party of such travel and vacation plans, including notice and contact information.

Other:

7. Right of First Refusal (Optional)

If one parent is unable to care for the child(ren) during their scheduled period of parental placement for more than _____ hours, they shall immediately notify the other parent and give such other parent the option of having the minor child in their care for the period of absence. If the other parent opts to care for the minor child the method of transportation to and from the other parents shall be as follows: _____

Section C: Relocation

Relocation refers to moving the child(ren)'s residence so that the geographic ties between the child(ren) and the other party are substantially changed requiring a modification of allocation of parental responsibilities (decision-making and parenting time).

The parties understand that after the Final Order in a Dissolution of Marriage Proceeding or Final Order in a Parentage Action is issued, if the party was granted a majority of the parenting time with the child(ren) or if equal

parenting time was granted with the children, such party who wishes to relocate as defined by Section 600 (g) (1), (2), or (3) of the Illinois Marriage and Dissolution of Marriage Act (i.e. generally move more than 50 miles from his or her current residence if in the Tenth Judicial Circuit), he/she must file a Motion with the Court, pursuant to 750 ILCS 5/609.2 . and obtain court permission to relocate, **unless** the parties have submitted to the Court a written agreement/stipulation (with verified signatures of all parties) allowing one of the parties to relocate with the minor child(ren) together with a new proposed parenting plan which addresses how the parties intent to address all the parenting issues given the fact that one of the parties is now relocating with the minor child(ren).

Neither the Mother or Father have current plans to relocate with the child(ren).

The Mother Father Other Party is planning to relocate with the child(ren) to _____ (city)
_____ (state) on _____ (date) and we have agreed to the following terms:

Optional: The parties further agree that if the following condition or event occurs:

_____, then the agreement will automatically be modified as follows:

Section D: Financial Obligations for the Benefit of the Child(ren)

1. **Child Support** (all child support agreements **must** be reviewed by the Court to see if the agreement complies with the child support guidelines):

a. Child Support Calculation

Child Support shall be paid per a previously issued Administrative or Court Order in _____ (IDHFS number or case number) issued on _____ (date) in _____ (County).

or

The amount of child support agreed to by the parties is **based** upon the attached Child Support Worksheet which reflects an amount of child support of \$_____ per month.

or

The amount of child support agreed to by the parties is **not based** upon the attached Child Support Worksheet which reflects an amount of child support of \$_____ per month. Please identify the agreed upon amount and the reasons why you agree to deviate from the amount identified in the Child Support Worksheet. **(The Court must approve any deviation from the guideline amount and will do so only for compelling reasons if this amount is lower than the guideline amount.)**

b. Child Support Agreement

The Mother Father shall pay child support to the Mother Father Other Party in the sum of \$ _____ per month beginning on _____ (date). An Illinois Uniform Child Support Order and Data Sheets shall also be completed.

Child support payments shall be paid: (check one)

Through the State Disbursement Unit. A Notice to Withhold Income shall issue immediately and shall be served on the employer of the address listed on the Child Support Data Sheet. Payments shall be made payable to the State Disbursement Unit and sent to the State Disbursement Unit at P.O. Box 5400 Carol Stream, IL 60197-5400. Payments shall include your case number, the county issuing the Order of support and the obligors name and social security number. Any subsequent employer may be served with a Notice to Withhold Income.

The parties have entered into a written agreement for an alternative arrangement for the payment of support that is approved by the court and attached to this order, meeting all requirements of and consistent with, applicable law. An income withholding notice is to be prepared and served only if the obligor becomes delinquent in paying the order for support. In the event the income withholding notice is served, payments shall then be made to the State Disbursement Unit as set forth above,

Child support payments shall be paid: (check one)

weekly bi-weekly twice a month monthly Other: _____ and will be paid on the _____ day of the week month.

2. Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of-Pocket Medical Expenses

Mother shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

and/or

Father shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

and/or

_____ (name of party) shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

Uncovered Medical Expenses are defined as uninsured expenses, including co-payments and deductible amounts. The parties agree that the uncovered medical, dental, vision, or mental health expenses for the child(ren) shall be divided with the Mother paying _____ %, the Father paying _____ %, and the Other Party paying _____ %.

Other:

3. Extraordinary Expenses (Private schools, school/sport/extracurricular activities, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed such as private schools, extracurricular and recreational activities, automobile access or insurance, or any other agreements affecting the general welfare of the child(ren). **Note: Agreements made under this provision, if approved by the Court and made a part of the Decree or Order, become enforceable by the Court.**

The parties agree to the following:

4. OPTIONAL - Post-Secondary Expenses (college, trade school, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed.

Post-secondary education expenses **cannot** be ordered by the Court without an agreement. If you agree that they should be paid by the parties, please indicate the terms of the agreement below.

NOTE: Agreements made under this provision, if approved by the Court and made a part of the Decree or Final Order, become enforceable by the Court.

Post-secondary education expenses for the child(ren) shall be divided with the Mother paying _____% and Father paying _____% of every expense checked below. Post-secondary expenses include the following:

Tuition (indicate any restrictions or maximum monetary amounts)

Room and Board

Books

Fees

Travel

Other:

Section E: Child Tax Exemption

Only one party may claim a deduction for each child on his/her income tax return. Both parties agree to prepare appropriate IRS forms, for example, Form 8332 "Release of Claim to Exemption for Child of Divorced or Separated Parents" IRS link to forms: <http://www.irs.gov/formspubs/index.html>

"M" = Mother "F" = Father "O" = Other party

Full Name of Child	Deduction to be claimed every year by:	Deduction to be claimed during odd years	Deduction to be claimed during even years

	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O

Other: _____

Section F: MEDIATION AND Other Terms

If the parties cannot reach an agreement in the future on any issues involving parental allocation times, relocation or decision concerning major decision making the parties have agreed by this order to make jointly then the parties will enter into mediation at their own cost.

Identify below any issues or agreements not already identified in this agreement. These also may be ordered to be submitted to mediation.

Minor changes may be made at any time if both parties agree to the changes. A written agreement to modify child support, health insurance, medical expenses, the primary caretaking party, major decision making, reallocation of parental placement times or other substantial changes to the parenting plan should be filed with the Court along with a proposed order for the Court to approve the modification.

Please re-read this document carefully to make sure it accurately reflects your entire agreement. Items agreed upon outside of this document may not be enforceable.

Your signature below indicates that you have read, understand, and agree with all terms of this agreement. This document should be signed in the presence of a notary public or court clerk.

Petitioner's Signature Date

Signature of Attorney, if applicable Date

Petitioner's Address

City, State, Zip Code

(Area Code) Home Telephone Number

(Area Code) Work Telephone Number

Co-Petitioner's Respondent's Signature Date

Signature of Attorney, if applicable Date

Co-Petitioner/Respondent's Address

City, State, Zip Code

(Area Code) Home Telephone Number

(Area Code) Work Telephone Number

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk

**IF ONLY ONE PARTY SIGNS THE PARENTING PLAN,
COMPLETE THE CERTIFICATE OF SERVICE BELOW.**

I certify that on _____ (date) a true and accurate copy of the *PARENTING PLAN* was served on the other party(ies) by:

Hand Delivery, E-filed, Faxed to this number: _____, or

by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: _____

To: _____

Your signature



Calculating Child Support Obligation

To calculate a minimum child support order, fill in the blanks below and add or multiply as appropriate:

1. Non-Custodial Parent's Income

Gross Income from Employer _____
Other Income + _____
Total Income = _____

2. Deductions from Gross Income

Federal Income Tax Withholding _____
State Income Tax Withholding + _____
FICA + _____
Mandatory Retirement Deduction + _____
Union Dues + _____
Health/Hospitalization Insurance Premiums + _____
Prior Support Orders Actually Paid + _____
Total Deductions = _____

3. Net Income

(Total #1 (Gross Income) MINUS Total #2 (Deductions) _____

4. Guidelines Percentage for number of children

(20%, 28%, 32%, 40%, 45%, 50%)

x _____

5. Amount of child support that will be due

(#3 multiplied by #4)

= _____