

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

In the Matter of the Marriage of

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Write your full legal name above)

and

Case Number \_\_\_\_\_

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Write your spouse's full legal name above)

**PARENTING PLAN**

1. This Parenting Plan is  temporary  permanent. (Check one of the two boxes)

2. This Parenting Plan is: (check one of the three boxes)

Proposed by \_\_\_\_\_.  
(Print your name)

Agreed to by both parties.

Developed by the Court.

**Section 1. General Information**

1.1 For the purposes of this parenting plan, the following definitions apply:

**Parent A** is \_\_\_\_\_, and  
(Write the name of one parent.)

**Parent B** is \_\_\_\_\_.  
(Write the name of the other parent.)

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

1.2 This parenting plan applies to the following children: *(Fill out the chart.)*

Child's Initials	Year of Birth

**Section 2. Legal Custody (Decision-Making)**

2.1 *(Check either box A or B, NOT both. If box B is checked, fill out the boxes and blanks in B.1. and B.2. as needed.)*

**A. Joint Legal Custody.** Parents shall have joint legal custody of their minor child(ren).

"Joint legal custody" means that both parents have equal rights to participate in, contribute to, and have responsibility for matters of health and education in their child(ren)'s best interests. Neither parent's rights are superior to the other parent's rights, and they should cooperate to determine what is in their children's best interests.

**OR**

**B. Sole Legal Custody.** Joint legal custody is not in the child(ren)'s best interests.

"Sole legal custody" means that the parent given sole legal custody has the primary right to decide matters of health and education in the child(ren)'s best interests.

The parent not given sole legal custody may make emergency decisions affecting the child(ren)'s health or safety when the child(ren) is in that parent's physical care and control. Even if one parent has sole legal custody the other parent can still access information regarding the child(ren) unless the court specifically orders a restriction in B.2. below and states the reasons for that determination.

**Parent A is** \_\_\_\_\_ **Parent B is** \_\_\_\_\_

**B.1.** Sole legal custody is granted to  Parent A  Parent B for the following reasons:

a. Agreement of the parents.

b. The other parent is unable or should not be allowed to exercise decision-making because:

c. There is a danger to the child(ren) because:

d. Other:

**B.2.**  Restriction of Information Regarding the Child(ren) to Non-Legal Custodian.

Parent A  Parent B is restrained from accessing the child(ren)'s health, educational and other personal information because of the following specific reasons:

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

**Section 3. Parenting Time Schedule. (Physical Custody)**

**3.1 Parent A Parenting Time**

Parent A shall have parenting time beginning at \_\_\_\_\_  am  pm ending at \_\_\_\_\_  am  
 pm as follows:

Parent A's Weekday Schedule:

Parent A's Weekend Schedule:

Parent A's Other Times:

**3.2 Parent B Parenting Time**

Parent B shall have parenting time beginning at \_\_\_\_\_  am  pm ending at \_\_\_\_\_  am  
 pm as follows:

Parent B's Weekday Schedule:

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

Parent B's Weekend Schedule:

Parent B's Other Times:

### 3.3 Holiday & Special Occasion Parenting Schedule

*(Check either box A or B, not both.)*

- A.** The holiday schedule as set out in the \_\_\_\_\_ (name county) Family Law Guidelines controls holiday parenting time. The holiday schedule will take priority over the regular weekday and weekend schedule. A copy of the holiday schedule from the \_\_\_\_\_ (name county) are attached. If a particular holiday is not included in the guidelines, then the regular schedule controls.

*(Print and attach a copy of the holiday schedule to this Parenting Plan. Do not complete the Holiday Parenting Schedule chart below.)*

**OR**

- B.** The holiday schedule is as follows:  
The holiday schedule will take priority over the regular weekday and weekend schedule. If a particular holiday is not specified below, then the regular schedule controls.

*(If you selected Option B, fill in the chart. You may want to look at your child(ren)'s school calendar to check for other holidays or school breaks to include in the "other" sections below.)*

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

<b><u>HOLIDAY PARENTING SCHEDULE</u></b>	<b><u>Parent A</u></b>	<b><u>Parent B</u></b>
New Year's Day (January 1): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Martin Luther King, Jr. Day (3rd Monday of January): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
President's Day (3rd Monday in February): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Spring Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Spring Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Memorial Day/Weekend (last Monday in May): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Mother's Day/Weekend (2nd Sunday in May): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Father's Day/Weekend (3rd Sunday in June): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Independence Day (July 4): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

<b><u>HOLIDAY PARENTING SCHEDULE</u></b>	<b><u>Parent A</u></b>	<b><u>Parent B</u></b>
Labor Day/Weekend (1st Monday in September): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Halloween (October 31): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Thanksgiving Day/Weekend (4th Thursday in November): From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Winter Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Winter Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Parent A's Birthday: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Parent B's Birthday: From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Child's Birthday: Child's name _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Child's Birthday: Child's name _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

<b><u>HOLIDAY PARENTING SCHEDULE</u></b>	<b><u>Parent A</u></b>	<b><u>Parent B</u></b>
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year
Other: _____ From _____ (day) at _____ (time) until _____ (day) at _____ (time)	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year	<input type="checkbox"/> Even years <input type="checkbox"/> Odd years <input type="checkbox"/> Every year



Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

**3.4 Vacation Schedule** (Check all boxes that apply.)

- No specific weeks will be set aside for vacations.
- Each parent may designate \_\_\_\_\_ (number) of week(s) each year during which they will have exclusive parenting time of the child(ren) and the regular schedules do not apply. However, during this period, the Holiday Schedule still applies. Parent A will have first choice of weeks in odd-numbered years. Parent B will have first choice of weeks in even-numbered years. The parent with the first choice of weeks must designate the vacation weeks by March 31st of each year. The parent with the second choice of weeks must designate the weeks by April 15 of each year.
- Other:

**3.5 Child(ren) Exchange**

If a specific location for an exchange is not stated in the parenting time schedule above, then the exchange will happen at the following location: (Check the box that applies.)

- All exchanges will happen at the child(ren)'s school or childcare provider when school or childcare is in session. If, or when, school or childcare is not in session, all exchanges will happen at the locations as follows:
  
- All exchanges will happen at the residence of  Parent A or  Parent B.
  
- Exchanges will happen as set out below:

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

**3.6 Transportation Costs for Parenting Time** *(Check the boxes that apply.)*

- Each parent will pay the expenses associated with his or her own transportation to and from the exchange location unless otherwise indicated in this parenting plan.
- Transportation costs shall be split equally between both parents.
- Transportation costs shall be split proportionally as shown on Line D.2 of the current child support worksheet.
- All transportation costs shall be paid by  Parent A or  Parent B.
- Other:

**3.7 Communication Between Parents**

All communication regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as a messenger to convey information, ask questions, or set up schedule changes.

Parents shall communicate with each other: *(Check all boxes that apply.)*

- in person
- by telephone
- by text
- by email
- other: \_\_\_\_\_

**3.8 Changes to the Parenting Time Schedule**

The plan may be changed by mutual, written agreement of the parents. Both parents understand that any permanent changes must be approved by the court to be binding and enforceable.

Parent A is \_\_\_\_\_ Parent B is \_\_\_\_\_

#### Section 4. Dispute Resolution Process

4.1 Disputes between the parents, other than about child support, shall be submitted to:  
(Check one of the two boxes)

Mediation by:

\_\_\_\_\_  
(name of mediator)

The following dispute resolution method:

\_\_\_\_\_

#### Section 5. Military Deployment, Mobilization, or Unaccompanied Tour

5.1  Parent A  Parent B is a military servicemember and the following shall apply upon notice of deployment, mobilization, temporary duty, or unaccompanied tour:

- A. A parent receiving deployment, mobilization, temporary duty or unaccompanied tour orders from the military shall be considered a “deployed parent.”
- B. The absence, relocation or failure to comply with a parenting order by a “deployed parent,” shall not by itself constitute a material change in circumstances to make any permanent change to the parenting plan.
- C. Any court order limiting previously ordered parenting rights due to the parent's deployment, mobilization, temporary duty, or unaccompanied tour shall state that event as its basis and shall constitute only a “temporary order.”
- D. The nondeploying parent shall give the court and deployed parent at least 30 days advance written notice of any change of address or telephone number.
- E. The nondeploying parent shall reasonably accommodate the deployed parent's leave schedule.

**Parent A is** \_\_\_\_\_ **Parent B is** \_\_\_\_\_

- F. The nondeploying parent shall assist with telephone and electronic communication between the child(ren) and the deployed parent.
- G. The deployed parent shall give the nondeployed parent timely information about the deployed parent's anticipated deployment, leave during deployment, and release from deployment.
- H. During deployment, mobilization, temporary duty, or unaccompanied tour, the parents shall make decisions about the child(ren) by the following methods:
- I. During deployment, mobilization, temporary duty, or unaccompanied tour, the child(ren) shall live with:
  - Parent A  Parent B  Other \_\_\_\_\_ and the deployed parent shall have the following parenting time with the child(ren) when available:

**Section 6. Address Change**

- 6.1** Each parent shall tell the other parent of any address change in writing at least 30 days before changing address by sending written notice to the other parent by certified mail – restricted delivery, return receipt requested, at that other parent's last known address.
- 6.2** Each parent shall tell the other parent of any plan to remove any child(ren) from the State of Kansas for more than 90 days by sending written notice to the other parent by certified mail – restricted delivery, return receipt requested, at that other parent's last known address.
- 6.3** A parent is not required to give written notice of removal to the other parent under either (A) or (B) if the other parent has been convicted of a crime specified in Article 34 (crimes against

**Parent A is** \_\_\_\_\_ **Parent B is** \_\_\_\_\_

persons), Article 35 (sex offenses), or Article 36 (crimes affecting family relationships and children) of Chapter 21 (Crimes and Punishments) of the Kansas Statutes Annotated to which the child(ren) was the victim.

**Section 7. Other Requirements**

7.1 Other requirements for this parenting plan:

**Section 8. Signatures: Required if agreed upon by the parties.**

**Parent A**

Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

Attorney's Signature (if any):

\_\_\_\_\_

Attorney's Name (if any):

\_\_\_\_\_

**Parent B**

Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

Attorney's Signature (if any):

\_\_\_\_\_

Attorney's Name (if any):

\_\_\_\_\_