

High Conflict Parenting Plan

Parties Involved

Parent A Name:

Parent B Name:

Child(ren) Information

Name:

Age:

Date of Birth:

Effective Date of Plan:

Date:

I. Custody and Visitation Schedule

1. Primary Residence

The child(ren) will primarily reside with:

at the following address:

2. Regular Visitation Schedule

Weekdays:

Weekends:

Holidays/Special Occasions:

3. Vacation Time

Each parent is entitled to _____ weeks of uninterrupted vacation time with the child(ren) per year, subject to _____ notice and mutual agreement on dates.

II. Communication Protocols

1. Method of Communication

All communication regarding the child(ren) should be conducted via:

2. Emergency Contact

In case of emergency, immediate telephone contact is permitted at:

3. Dispute Resolution

Any disputes regarding the child(ren) should first be addressed through:

IV. Financial Responsibilities

1. Child Support

Details of child support agreement:

2. Additional Expenses

Shared costs for education, healthcare, etc.:

V. Special Provisions for High Conflict Situations

1. Parenting Coordinator

A parenting coordinator (if applicable):

2. Therapy/Counseling

Therapy or counseling sessions details:

3. Restrictions

Agreed-upon restrictions:

VI. Review and Modification

Review and modification terms:

Signatures		
Parent A Signature:		Date:
Parent B Signature:		Date: