High Conflict Parenting Plan

PARTIES INVOLVED

Parent A Name: _____ Parent B Name: _____

Child(ren) Information:

Effective Date of Plan: _____ dd / mm / yyyy

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:

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:
Date: _____ dd / mm / yyyy

Parent B:
Date: _____ dd / mm / yyyy