

**Extended Parent-Time Written Agreement**

**Name of Father:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Extended parent-time has occurred (or will occur) as indicated below and agreed upon by both parents.**

Please complete the calendars below to indicate extended parent-time dates. Fill in the month(s) at the top as appropriate. Place the dates in the small boxes and indicate "M" for "mother" or "F" for "father" to show where the child was each day. Only complete the number of calendars needed to show the extended parent-time. Leave extra calendars blank. Use extra calendars in a similar format if more space is needed.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat

We, the undersigned, agree to the following:

1. Extended parent-time has occurred (or will occur) as follows:
2. Names of children exercising extended parent-time: \_\_\_\_\_  
\_\_\_\_\_
3. Beginning date: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year
4. Ending date: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Date Month Year
5. Extended parent-time lasted (or will last) a total of \_\_\_\_\_ days.  
Number of days. A "day" equals a partial day including an overnight stay.

**Mother's Information**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

**Father's Information**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone