

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