

STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT OF THE
	)	_____ JUDICIAL CIRCUIT
COUNTY OF _____	)	
	)	
_____	)	PROPOSED PARENTING PLAN
Plaintiff,	)	OF _____
vs.	)	
	)	
Defendant.	)	Docket No. _____

This document is being submitted for consideration at a Temporary Hearing, pursuant to SC Code of Laws §63-15-220, and will have no precedential effect against the submitting party at the time of trial.

HUSBAND/FATHER		WIFE/MOTHER	
Address		Address	
Age		Age	
Occupation		Occupation	
Employer		Employer	
Employer's Address		Employer's Address	
Work Schedule		Work Schedule	
CHILDREN'S NAMES		SEX	AGE

Please outline your proposed Parenting Schedule below. The items listed are intended to assist you in developing a plan; however, it is not required that you address each item. NOTE: Use Additional Space As Needed.

CUSTODY:

1. Please designate which custody arrangement you propose.

_____ Sole Custody to _____

_____ Joint Custody

_____ Joint Custody with Primary Custody to _____ and Secondary Custody to _____.

_____ Other custodial arrangement:

SHARING OF INFORMATION/MAJOR DECISIONS:

2. Please also identify the major decisions that need to be discussed between the parents prior to decisions being made and how any disagreements should be resolved. Be sure to include the following: (1) Medical & Dental Care, (2) Religious Training, (3) Education, and (4) Extra-Curricular Activities:

PARENTING SCHEDULE :

REGULAR/SCHOOL YEAR SCHEDULE:

3. Based upon a fourteen day time period, how would you propose to divide time with your child(ren): (The below schedule is provided to assist you. However, you may choose to provide the requested information in a different format.)

Sunday	_____	Sunday	_____
Monday	_____	Monday	_____
Tuesday	_____	Tuesday	_____
Wednesday	_____	Wednesday	_____
Thursday	_____	Thursday	_____
Friday	_____	Friday	_____
Saturday	_____	Saturday	_____

Special circumstances for consideration during the school year, including extended weekends during the school year:

SUMMER:

4. What summer schedule do you propose to follow for your child(ren):

_____ The regular school year schedule shall continue on a weekly basis. In addition to this parenting schedule, the parent with secondary custody shall have _____ additional weeks of parenting time to include the regularly scheduled weekend parenting.

_____ The regular school year parenting schedule shall be suspended during the summer, and the summer parenting schedule should be

Special circumstances for consideration during the summer:

HOLIDAYS & BIRTHDAYS:

5. Identify holidays that carry a level of significance in your family life and address the terms of access to the child(ren) during those holidays. A list is provided below, but may not include all holidays. Include start date and time and end date and time for each holiday.

HOLIDAY	MOTHER	FATHER
New Year's Day		
Martin Luther King, Jr. Day		
President's Day		
Passover		
Easter		
Memorial Day		
Fourth of July		
Labor Day		
Halloween		
Thanksgiving		
Hanukkah		
Christmas		
Mother's Day		
Father's Day		
Child(ren)'s Birthday		
Mother's Birthday		
Father's Birthday		
Other:		

RESTRICTIONS:

6. Identify any additional factors for the court to consider, such as exposure of the child(ren) to paramours, disparaging the other parent, supervision of internet use, exposing child(ren) to inappropriate material, use of drugs and/or alcohol, etc.

CONTACT CONSIDERATIONS:

7. Address the method and frequency of contact each parent will have with the child(ren) while in the other parent's care (ie. Facebook, telephone, Skype, email, etc.). Also address the method and frequency of contact between the two parents.

OTHER CONSIDERATIONS FOR THE COURT:

8. Please identify any other issues or concerns you would like for the court to consider in regards to the issues involving your child(ren) that has not already been provided in this document.

APPOINTMENT OF A GUARDIAN AD LITEM:

9. I respectfully request that the court appoint a ☐ lay / ☐ attorney guardian ad litem for the minor child(ren).
☐ I would like to request that the court appoint _____ to serve in that capacity.
☐ I do not have any recommendations as to the appointment of a guardian ad litem.

Submitted this the _____ day of _____, 20____.

MOTHER:

PLAINTIFF / DEFENDANT

ATTORNEY FOR MOTHER:

(NAME)

(ADDRESS)

(PHONE/FAX)

FATHER:

PLAINTIFF / DEFENDANT

ATTORNEY FOR FATHER:

(NAME)

(ADDRESS)

(PHONE/FAX)

(EMAIL)

(EMAIL)