IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR BREVARD COUNTY, FLORIDA.

Case No.:_____

Petitioner

and

Bar Code Label

Respondent

SUPERVISED/SAFETY-FOCUSED PARENTING PLAN

This parenting plan is: (Choose only one)

- [] A Parenting Plan submitted to the court with the agreement of the parties.
- [] A proposed Parenting Plan submitted by or on behalf of:
 - {Parent's Name}
- [] A Parenting Plan established by the court.

This parenting plan is: (Choose only one)

- [] A final Parenting Plan established by the court.
- [] A temporary Parenting Plan established by the court.
- [] A modification of a prior final Parenting Plan or prior final order.

I. PARENTS

Mother
Name:
Address:
Telephone Number:
E-Mail:
Father
Name:
Address:
Telephone Number:
E-Mail:

II. CHILDREN: This parenting plan is for the following child(ren) born to, or adopted by the parties: (add additional lines as needed)

Name	Date of Birth	Sex

III. JURISDICTION

The United States is the country of habitual residence of the child(ren).

The State of Florida is the child(ren)'s home state for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act.

The Parenting Plan is a child custody determination for the purposes of the Uniform Child Custody Jurisdiction and Enforcement Act, the International Child Abduction Remedies Act, 42 U.S.C. Sections 11601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980, and for all other state and federal laws.

Other:

IV. PARENTAL RESPONSIBILITY AND DECISION MAKING

- [] It is in the best interests of the child(ren) that the [] Mother [] Father shall have **sole** authority to make major decisions for the child(ren).
- [] Shared Parental Responsibility with Decision Making Authority It is in the best interest of the child(ren) that the parents confer and attempt to agree on the major decisions involving the child(ren). If the parents are unable to agree, the authority for making major decisions regarding the child(ren) shall be as follows:

V.

	Education/Academic decisions Non-emergency health care	[] Mother [] Mother [] Mother [] Mother [] Mother	[] Father [] Father [] Father [] Father [] Father
[]	Other: <i>(Explain)</i>		

TIME-SHARING SCHEDULE

[] **No Time-Sharing:** The [] Mother [] Father shall have no contact with the child(ren) until further order of the court. All parenting decisions shall be made by the other parent.

[] Supervised Time-Sharing: Whenever the child(ren) are with the [] Mother [] Father, the supervisor shall be present. The [] Mother [] Father has the right to spend time with the child(ren) even though the other parent will be making most, if not all, of the parenting decisions which are made on the child(ren)'s behalf. The time-sharing schedule shall be mutually agreed to between the parents, but not less than the schedule set forth below: (Choose only one)

Hours per week. The place(s), and time(s) shall be set by the [] Mother [] Father.

From _____ m. to _____ m. on the following day(s)

VI. SUPERVISOR AND SUPERVISION (Choose only one)

1. Supervisor: The person supervising the time-sharing shall (Choose only one) Be selected by the [] Mother [] Father

Be selected by the [] Mother [] Father, subject to the other parent's approval.

Other:______.

2. Restrictions or Level of Supervisions:

3. Costs of Supervision

The costs of supervision shall be paid by the [] Mother [] Father

Other:_____

VII. LOCATION: (Choose only one)

The [] Mother [] Father shall spend his/her time-sharing with the child(ren) at the following locations:

Supervised visitation center (name of facility)

_____(*location*) or other location designated by the [] Mother [] Father

Any location designated by the [] Mother [] Father with the approval of the supervisor.

VIII. DESIGNATION FOR OTHER LEGAL PURPOSES

- 1. The child(ren) named in this Supervised/Safety-Focused Parenting Plan are scheduled to reside the majority of the time with the [] Mother [] Father. This majority designation is SOLELY for purposes of all other state and federal statutes which require such a designation. This designation does not affect either parent's rights and responsibilities under this parenting plan.
- For purposes of school boundary determination and registration, the
 [] Mother's [] Father's address shall be designated.

IX. TRANSPORTATION AND EXCHANGE OF CHILD(REN)

1. Transportation

The child(ren) shall not be driven in a car unless the driver has a valid driver's license, automobile insurance, seat belts, and child safety seats as required by Florida Law.

The [] Mother [] Father or a mutually agreed upon person shall be responsible for transporting the child(ren) to the exchange point. The child(ren) shall be picked up and/or returned to the exchange point by (**Choose only one**):

- [] The [] Mother [] Father with the supervisor present.
- [] The supervisor alone.
- [] A monitored exchange location (*specify*) ______.
- [] Other:______.
- 2. Exchange

The exchange of the child(ren) shall occur at: (Choose all that apply)

- [] The site of the supervised visit.
- [] Other:_____
- [] The [] Mother [] Father may not come to the exchange point.

IX. COMMUNICATION

1. Between Parents (Choose only one)

- [] All communications regarding the child(ren) shall be between the parents. The parents shall not use the child(ren) as messengers to convey information, ask questions, or set up schedule changes.
- [] The parents shall communicate with each other by (Choose all that apply)
 - [] in person
 - [] by telephone
 - [] by letter
 - by e-mail
 - [] Other:
- 2. Between Parent and Child(ren) The [] Mother [] Father (Choose all that apply)
 - [] Shall not telephone, write, or e-mail the child(ren) unless the contact is agreed to in advance by the other parent.

- [] May write or e-mail the child(ren) at any time. Each parent shall provide a contact address (and e-mail address if appropriate) to the other parent, unless otherwise prohibited by court order.
- [] May call the child(ren) on the telephone _ times per week. The call shall last no more than ____ minutes and shall take place between ______m. and ______m. Long distance telephone calls made by the child(ren) shall be paid for by the parent receiving the call. Each parent shall provide a telephone number to the other parent, unless otherwise prohibited by court order.
- [] Other: ______.
- 3. Costs of Electronic Communication

"Electronic communication" includes telephones, electronic mail or e-mail, webcams, video-conferencing equipment and software or other wired or wireless technologies or other means of communication to supplement faceto-face contact.

The costs of electronic communication shall be addressed as follows:

X. ACCESS TO ACTIVITIES AND EVENT

The [] Mother [] Father

- [] Shall not attend the child(ren)'s activities and events, including but not limited to, school, athletic, and extra-curricular activities and events.
- [] May attend the child(ren)'s school, athletic, and extra-curricular and events.
- [] The [] Mother [] Father must stay ______ feet from the other parent and ______ feet from the child.
- [] Other:_____

XI. CHILD(REN)'S SAFETY

The [] Mother [] Father shall follow the safety rules checked below. (Choose all that apply)

- [] There shall be no firearms in the home, car, or in the child(ren)'s presence during time-sharing.
- [] No alcoholic beverages shall be consumed from twenty-four (24) hours before the child(ren) arrive until they are returned to the other parent.
- [] The child(ren) shall not be disciplined by corporal punishment.
- [] The following person(s) present a danger to the child(ren) and shall not be present during time-sharing: ______.
- [] Other: _____

XII. CHANGES FOR MODIFICATIONS OF THE PARENTING PLAN

All changes to the Supervised/Safety-Focused Parenting Plan must be pursuant to a court order.

XIII. OTHER PROVISIONS

SIGNATURE OF PARENTS

I certify that I have been open and honest in entering into this Parenting Plan. I am satisfied with this Plan and intend to be bound by it.

Dated:_____

Signature of Mother

Printed Name:	
Address:	
City, State, Zip:	
Telephone Number:	
Fax Number:	

STATE OF FLORIDA COUNTY OF BREVARD

Sworn to or affirmed and signed before me on _____ by _____

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NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

Personally known Produced identification Type of identification produced ______.

I certify that I have been open and honest in entering into this Parenting Plan. I am satisfied with this Plan and intend to be bound by it.

Dated:

Signature of Father

Printed Name:_____

Address:____

City, State, Zip:_____ Telephone Number:_____ Fax Number:_____

STATE OF FLORIDA COUNTY OF BREVARD

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC or DEPUTY CLERK

Print, type, or stamp commissioned name of notary or clerk.]

Personally known Produced identification Type of identification produced _____.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer}				
nonlawyer, located at {street}			,	
{city}	{state}	{zip}	, {phone}	
, helped {name}			_, who is the	
[one only] [] petitioner [] respond	lent, fill out this form.			