

Superior Court of Washington, County of _____

In re parentage / parenting and support:

Petitioner *(person who started this case)*:

And Respondent/s *(other party/parties)*:

No. _____

Residential Schedule
(PRS / TRS / RS)

Clerk's action required: **1**.

Residential Schedule

Use this form in parentage cases only (not divorce). This form does not say who can make decisions for the children. If you want the court to specify decision-making authority, use the Parenting Plan, form FL All Family 140.

1. This residential schedule is a *(check one)*:

- Proposal** (request) by a parent *(name/s)*: _____
It is not a signed court order. (PRS)
- Court order** signed by a judge or commissioner. This is a *(check one)*:
 - Temporary order. (TRS)
 - Final order. (RS)
 - This final residential schedule changes the last final residential schedule.

2. Children – This residential schedule is for the following children:

Child's name	Age	Child's name	Age
1.		4.	
2.		5.	
3.		6.	

3. Reasons for putting limitations on a parent (under RCW 26.09.191)

a. Abandonment, neglect, child abuse, domestic violence, assault, or sex offense.

*(If a parent has any of these problems, the court **must** limit that parent's contact with the children and right to make decisions for the children.)*

- Neither parent has any of these problems. *(Skip to **3.b.**)*
- A parent has one or more of these problems as follows *(check all that apply)*:
 - Abandonment** – *(Parent's name):* _____ intentionally abandoned a child listed in **2** for an extended time.
 - Neglect** – *(Parent's name):* _____ substantially refused to perform his/her parenting duties for a child listed in **2**.
 - Child Abuse** – *(Parent's name):* _____ (or someone living in that parent's home) abused or threatened to abuse a child. The abuse was *(check all that apply)*: physical sexual repeated emotional abuse.
 - Domestic Violence** – *(Parent's name):* _____ (or someone living in that parent's home) has a history of domestic violence as defined in RCW 26.50.010(1).
 - Assault** – *(Parent's name):* _____ (or someone living in that parent's home) has assaulted or sexually assaulted someone causing grievous physical harm or fear of such harm.
 - Sex Offense** –
 - (Parent's name):* _____ has been convicted of a sex offense as an adult.
 - Someone living in *(parent's name):* _____'s home has been convicted as an adult or adjudicated as a juvenile of a sex offense.

b. Other problems that may harm the children's best interests. *(If a parent has any of these problems, the court **may** limit that parent's contact with the children and right to make decisions for the children.)*

- Neither parent has any of these problems. *(Skip to **4.**)*
- A parent has one or more of these problems as follows *(check all that apply)*:
 - Neglect** – *(Parent's name):* _____ neglected his/her parental duties towards a child listed in **2**.
 - Emotional or physical problem** – *(Parent's name):* _____ has a long-term emotional or physical problem that gets in the way of his/her ability to parent.
 - Substance Abuse** – *(Parent's name):* _____ has a long-term problem with drugs, alcohol, or other substances that gets in the way of his/her ability to parent.
 - Lack of emotional ties** – *(Parent's name):* _____ has few or no emotional ties with a child listed in **2**.

- Abusive use of conflict** – (Parent's name): _____
uses conflict in a way that endangers or damages the psychological development of a child listed in **2**.
- Withholding the child** – (Parent's name): _____
has kept the other parent away from a child listed in **2** for a long time, without a good reason.
- Other (specify):** _____

4. Limitations on a parent

- Does not apply. There are no reasons for limitations checked in **3.a. or 3.b.** above.
(Skip to **5**.)
- No limitations despite reasons** (explain why there are no limitations on a parent even though there are reasons for limitations checked in **3.a. or 3.b.** above): _____

- The following limits or conditions apply to (parent's name):** _____
(check all that apply):
 - No contact with the children.
 - Limited contact as shown in the Parenting Time Schedule (sections **6 – 9**) below.
 - Limited contact as follows (specify schedule, list all contact here **instead** of in a Parenting Time Schedule, skip sections **6 – 9**): _____

- Supervised contact.** All parenting time shall be supervised. Any costs of supervision must be paid by (name): _____
The supervisor shall be:
 - a professional supervisor (name): _____
 - a non-professional supervisor (name): _____
 The dates and times of supervised contact will be:
 - as shown in the Parenting Time Schedule (sections **6 – 9**) below.
 - as follows (specify): _____

 (Specific rules for supervision, if any): _____

- Other limitations or conditions during parenting time (specify): _____

- Evaluation or treatment required.** (Name): _____ must:
 - be evaluated for: _____.

- start (or continue) and comply with treatment:
 - as recommended by the evaluation.
 - as follows (specify kind of treatment and any other details): _____

- provide a copy of the evaluation and compliance reports (specify details): _____

If this parent does not follow the evaluation or treatment requirements above, then (what happens): _____

5. Custodian

The custodian is (name): _____ solely for the purpose of all state and federal statutes which require a designation or determination of custody. Even though one parent is called the custodian, this does not change the parenting rights and responsibilities described in this schedule.

(Washington law generally refers to parenting time and decision-making, rather than custody. However, some state and federal laws require that one person be named the custodian. The custodian is the person with whom the children are scheduled to spend more of their time.)

➤ Parenting Time Schedule (Residential Provisions)

Check one:

- Skip** the parenting time schedule in sections **6 - 9** if one parent has no contact with the children other than what is described in section **4** – Limitations.

The children live with (name): _____ except as described in section **4**.

- Complete** the parenting time schedule in sections **6 - 9**.

6. School Schedules

a. Children under School-Age

- Does not apply. All children are school-age.
- The schedule for children under school-age is the same as for school-age children.
- Children under school-age are scheduled to live with (name): _____, except when they are scheduled to live with (name): _____ on (check all that apply):

WEEKENDS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

WEEKDAYS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

OTHER (specify): _____

Other (specify): _____

b. School-Age Children

This schedule will apply when (check one): the youngest child the oldest child
 each child begins:

(check one): Kindergarten 1st grade Other: _____

The children are scheduled to live with (name): _____,
except when they are scheduled to live with (name): _____ on
(check all that apply):

WEEKENDS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

WEEKDAYS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

OTHER (specify): _____

Other (specify): _____

7. Summer Schedule

Summer begins and ends according to the school calendar. as follows: _____

The Summer Schedule is the **same** as the School Schedules. (Skip to **8**.)

The Summer Schedule is the **same** as the School Schedules **except** that each parent shall spend _____ weeks of uninterrupted vacation time with the children each summer. The parents shall confirm their vacation schedules in writing by the end of (date) _____ each year. (Skip to **8**.)

The Summer Schedule is **different** than the School Schedules. The Summer Schedule will begin the summer before:

(check one): the youngest child the oldest child each child
begins (check one): Kindergarten 1st grade Other: _____

During the summer the children are scheduled to live with (name): _____,
except when they are scheduled to live with (name): _____ on
(check all that apply):

WEEKENDS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

WEEKDAYS: every week every other week other (specify): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

OTHER (specify): _____

8. Holiday Schedule (includes school breaks)

The Holiday Schedule is the **same** as the School and Summer Schedules above for all holidays and school breaks. (Skip to **9**.)

This is the Holiday Schedule for all children school-age children only:
(Put one parent's name in each column and fill out when the children will be with that parent for holidays and school breaks.)

Holiday	Children with (name):	Children with (name):
Martin Luther King Jr. Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
Presidents' Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
Mid-winter Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____.	
	<input type="checkbox"/> Other plan: _____	

Holiday	Children with (name):	Children with (name):
Spring Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____. <input type="checkbox"/> Other plan: _____	
Mother's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan: _____	
Memorial Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
Father's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan: _____	
Fourth of July	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Follow the Summer Schedule in section 7 . <input type="checkbox"/> Other plan: _____	
Labor Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	

Holiday	Children with (name):	Children with (name):
Thanksgiving Day / Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Other plan: _____		
Winter Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Other plan: _____		
Christmas Eve	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____		
Christmas Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____		
New Year's Eve / New Year's Day <i>(odd/even is based on New Year's Day)</i>	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____		
Children's Birthdays	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
<input type="checkbox"/> Other plan: _____		

Holiday	Children with (name):	Children with (name):
All three-day weekends not listed elsewhere	(Federal holidays, school in-service days, etc.) <input type="checkbox"/> The children shall spend any unspecified holiday or non-school day with the parent who has them for the attached weekend. <input type="checkbox"/> Other plan: _____	
Other occasion important to the family: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
Other occasion important to the family: _____	<input type="checkbox"/> Other plan: _____	

9. Conflicts in Scheduling

The Holiday Schedule must be observed over all other schedules. If there are conflicts within the Holiday Schedule (*check all that apply*):

- Named holidays shall be followed before school breaks.
- Children's birthdays shall be followed before named holidays and school breaks.
- Other (*specify*): _____

10. Transportation Arrangements

The children will be exchanged for parenting time (picked up and dropped off) at:

- each parent's home
- school or day care when in session
- other location (*specify*): _____

Who is responsible for arranging transportation?

- The **picking up** parent – The parent who is about to **start** parenting time with the children must arrange to have the children picked up.
- The **dropping off** parent – The parent whose parenting time is **ending** must arrange to have the children dropped off.
- Other (*specify*): _____

Other details (if any): _____

11. Moving with the Children (Relocation)

If the custodian plans to move, s/he **must notify** every person who has court-ordered time with the children.

Move to a different school district

If the move is to a different school district, the custodian must complete the form *Notice of Intent to Move with Children* (FL Relocate 701) and deliver it at least **60 days** before the intended move.

Exceptions:

- If the custodian could not reasonably have known enough information to complete the form in time to give 60 days' notice, the custodian must give notice within **5 days** after learning the information.
- If the custodian is relocating to a domestic violence shelter or moving to avoid a clear, immediate and unreasonable risk to health or safety, notice may be delayed **21 days**.
- If information is protected under a court order or the address confidentiality program, it may be withheld from the notice.
- A custodian who believes that giving notice would put her/himself or a child at unreasonable risk of harm, may ask the court for permission to leave things out of the notice or to be allowed to move without giving notice. Use form *Motion to Limit Notice of Intent to Move with Children (Ex Parte)* (FL Relocate 702).

The *Notice of Intent to Move with Children* can be delivered by having someone personally serve the other party or by any form of mail that requires a return receipt.

If the custodian wants to change the *Parenting Plan* because of the move, s/he must deliver a proposed *Parenting Plan* together with the *Notice*.

Move within the same school district

If the move is within the *same* school district, the custodian still has to let the other parent know. However, the notice does not have to be served personally or by mail with a return receipt. Notice to the other party can be made in any reasonable way. No specific form is required.

Warning! If you do not notify...

A custodian who does not give the required notice may be found in contempt of court. If that happens the court can impose sanctions. Sanctions can include requiring the custodian to bring the children back if the move has already happened, and ordering the custodian to pay the other side's costs and lawyer's fees.

Right to object

A person who has court-ordered time with the children can object to a move to a different school district and/or to the custodian's proposed *Parenting Plan*. If the move is within the same school district, the other party doesn't have the right to object to the move, but s/he may ask to change the *Parenting Plan* if there are adequate reasons under the modification law (RCW 26.09.260).

An objection is made by filing the *Objection about Moving with Children and Petition about Changing a Parenting/Custody Order (Relocation)* (form FL Relocate 721). File your *Objection* with the court and serve a copy on the custodian and anyone else who has court-ordered time with the children. Service of the *Objection* must be by personal service or by mailing a copy to each person by any form of mail that requires a return receipt. The *Objection* must be filed and served no later than **30 days** after the *Notice of Intent to Move with Children* was received.

Right to move

During the 30 days after the *Notice* was served, the custodian may not move to a different school district with the children unless s/he has a court order allowing the move.

After the 30 days, if no *Objection* is filed, the custodian may move with the children without getting a court order allowing the move.

After the 30 days, if an *Objection* has been filed, the custodian may move with the children **pending** the final hearing on the *Objection unless*:

- The other party gets a court order saying the children cannot move, or
- The other party has scheduled a hearing to take place no more than 15 days after the date the *Objection* was served on the custodian. (However, the custodian may ask the court for an order allowing the move even though a hearing is pending if the custodian believes that s/he or a child is at unreasonable risk of harm.)

The court may make a different decision about the move at a final hearing on the *Objection*.

Parenting Plan after move

If the custodian served a proposed *Parenting Plan* with the *Notice*, **and** if no *Objection* is filed within 30 days after the *Notice* was served (or if the parties agree):

- Both parties may follow that proposed plan without being held in contempt of the *Parenting Plan* that was in place before the move. However, the proposed plan cannot be enforced by contempt unless it has been approved by a court.
- Either party may ask the court to approve the proposed plan. Use form *Ex Parte Motion for Final Order Changing Parenting Plan – No Objection to Moving with Children* (FL Relocate 706).

Forms

You can find forms about moving with children at:

- The Washington State Courts' website: www.courts.wa.gov/forms,
- The Administrative Office of the Courts – call: (360) 705-5328,
- Washington LawHelp: www.washingtonlawhelp.org, or
- The Superior Court Clerk's office or county law library (for a fee).

(This is a summary of the law. The complete law is in RCW 26.09.430 through 26.09.480.)

12. Other

13. Proposal

Does not apply. This is a court order.

If this is a court order, the parties and/or their lawyers (and any GAL) sign below.

This order *(check any that apply)*:

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

This order *(check any that apply)*:

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

▶ _____
Petitioner or lawyer signs here + WSBA #

▶ _____
Respondent or lawyer signs here + WSBA #

Print Name *Date*

Print Name *Date*

This order *(check any that apply)*:

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

This order *(check any that apply)*:

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

▶ _____
Other party or lawyer signs here + WSBA #

▶ _____
Other party or Guardian ad Litem signs here

Print Name *Date*

Print Name *Date*