**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In re:Petitioner/s (*person/s who started this case*): And Respondent/s (*other party/parties*):  | No. **Information for Temporary Parenting Plan****(DCLSPP)** |

**Information for Temporary Parenting Plan**

The court needs the information below to order a temporary parenting plan. You may attach pages to this form if you need more space. You may fill out a separate form for each child if the information is different for each child.

**1.** My name is: .

**2.** The information on this form is about:

| Child’s name | Age | Child’s name | Age |
| --- | --- | --- | --- |
|  1.  |   |  2.  |   |
|  3.  |   |  4.  |   |
|  5.  |   |  6.  |   |

**3.** List the people the children have lived with in the last **12 months**:

| Who the children lived with (*names*) | Where (*county/state*)? | For how long? |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4.** Describe **your** involvement with the children’s daily needs:

|  | Yes  | No |
| --- | --- | --- |
| a. I have a loving and stable relationship with the children.  | [ ] | [ ] |
| b. I take care of the children’s daily needs, such as feeding, clothing, physical care and grooming, supervision, doctor/dentist visits, day care, and other activities for the children. | [ ] | [ ] |
| c. I attend to the children’s education, including any necessary remedial or other education.  | [ ] | [ ] |
| d. I help the children to develop age-appropriate social relationships. | [ ] | [ ] |
| e. I use good judgment to protect the children’s well-being. | [ ] | [ ] |
| f. I provide financial support for the children, such as housing, food, clothes, childcare, health insurance, and other basic needs. | [ ] | [ ] |

*Explain and give examples for each answer above*:

**5.** List your **current** work schedule below, if any:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

How long has this work schedule been in place? (*Check one*)*:*

[ ] For the past 12 months or longer.

[ ] For **less** than 12 months, since (*date):* . Before then, I had the work schedule listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**6.** Describe the **other parent’s** involvement with the children’s daily needs:

|  |  |  |
| --- | --- | --- |
| The other parent (*name*)*:*  | Yes  | No |
| a. Has a loving and stable relationship with the children.  | [ ] | [ ] |
| b. Takes care of the children’s daily needs, such as feeding, clothing, physical care and grooming, supervision, doctor/dentist visits, day care, and other activities for the children. | [ ] | [ ] |
| c. Attends to the children’s education, including any necessary remedial or other education.  | [ ] | [ ] |
| d. Helps the children to develop age-appropriate social relationships. | [ ] | [ ] |
| e. Uses good judgment to protect the children’s well-being. | [ ] | [ ] |
| f. Provides financial support for the children, such as housing, food, clothes, childcare, health insurance, and other basic needs. | [ ] | [ ] |

*Explain and give examples for each answer above*:

**7.** List the other parent’s **current** work schedule below, if any:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

How long has this work schedule been in place? (*Check one*)*:*

[ ] For the past 12 months or longer.

[ ] For **less** than 12 months, since (*date*)*:* . Before then, the other parent had the work schedule listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**8.** List the **children’s** schedule below, including school, childcare, and other activities:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**9.** Abandonment, child abuse, domestic violence, assault, sex offense, or sexual abuse of a child (RCW 26.09.191 and .192).

[ ] Does not apply. Neither parent (or person living with a parent) has any of these problems.

[ ] Parenting time, decision-making, and dispute-resolution should be limited for the reasons listed in my proposed *Parenting Plan, Attachment A* or *B*.

*Explain and give examples supporting those reasons for limitations:*

**10.** Other problems that may harm the children’s best interests or interfere with the performance of parenting functions, including neglect, emotional or physical problem, substance abuse, lack of emotional ties, abusive use of conflict, withholding the child, or other problems (RCW 26.09.191).

[ ] Does not apply. Neither parent (or person living with a parent) has any of these problems.

[ ] Parenting time, decision-making, and dispute-resolution should be limited for the reasons listed in my proposed *Parenting Plan, Attachment A*.

*Explain and give examples supporting those reasons for limitations:*

**11.** Any other information the court needs to make a decision about a temporary *Parenting Plan*:

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. [ ] I have attached (*number*) \_\_\_ pages.

Signed at (*city and state*)*:* Date:

*Sign here Print name*

|  |
| --- |
| ***Warning!*** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.  |