

TAXIOM SOLUTIONS

FLORIDA PARENTING PLAN INTAKE FORM

SECTION 1 – PARENT INFORMATION

Mother Full Name: _____

Father Full Name: _____

Address (Mother): _____

Address (Father): _____

Phone (Mother): _____

Phone (Father): _____

Email (Mother): _____

Email (Father): _____

Child(ren) Full Name(s) & Date(s) of Birth:

Case Number (if filed): _____

SECTION 2 – PARENTAL RESPONSIBILITY

Shared Parental Responsibility

Sole Parental Responsibility

Decision-Making Preferences (Select One Per Category):

Education:

Mother Father Shared

Non-Emergency Medical:

Mother Father Shared

Religious Upbringing:

Mother Father Shared

Extracurricular Activities:

Mother Father Shared

SECTION 3 – REGULAR TIME-SHARING SCHEDULE

Weekday Schedule:

Weekend Schedule:

Exchange Location: _____

Exchange Time: _____

Transportation Responsibility:

Mother Father Shared

SECTION 4 – HOLIDAY SCHEDULE

New Year's Day: Mother Father Alternate
Easter: Mother Father Alternate
Memorial Day: Mother Father Alternate
Fourth of July: Mother Father Alternate
Labor Day: Mother Father Alternate
Thanksgiving: Mother Father Alternate
Christmas Eve: Mother Father Alternate
Christmas Day: Mother Father Alternate
Child(ren)'s Birthday: Mother Father Shared
Mother's Day: Mother Father
Father's Day: Mother Father

Winter Break:

Spring Break:

Summer Break:

SECTION 5 – FINANCIAL SUPPORT

Child support addressed in separate court order.
 No child support due to agreement.
 Agreed Monthly Child Support Amount: \$ _____

Health Insurance Provided By:

Mother Father Shared

Uncovered Medical Expenses Division:

Extracurricular Expenses Division:

SECTION 6 – TAX DEPENDENCY

Child(ren) claimed by:

SECTION 7 – ADDITIONAL TERMS

ACKNOWLEDGMENT

I understand Taxiom Solutions is not a law firm and does not provide legal advice.
This intake form is used to prepare documents based solely on the information provided.

Client Signature: _____

Date: _____

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