

_____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.	Case No: _____ Attachment: Holidays, Vacation, and Special Occasions
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1. Children Covered by this Schedule

All our children

OR

List: _____

A separate form MP-300-C is attached for each of our minor children.

2. Special Schedule Rules

- a. There are specific tables for holiday, school breaks, vacation, and special occasions.
- b. If a single day holiday falls on a Friday or a Monday, we will treat this as a three-day weekend.
- c. Unless we specify different times, all single day holidays will start at _____ a.m. and end at _____ p.m.
- d. Any three-day weekend, holiday, school break, or special occasion that is not specified will be spent with the parent who would normally have that time.
- e. If there is a conflict between the different schedules that have our children scheduled to be with both of us on the same day, we will resolve this conflict by using the following ranking to determine who our children will be with.
- f. Rank the order of priority, with 1 being the highest priority

	Special Occasions
	School Breaks
	Holiday
4	Regular parenting time schedule

3. Special Occasions. Choose all that apply.

Special Occasions	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Mother's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Mother birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

4. School Breaks. Choose all that apply.

School Breaks	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Spring Break (first half)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Spring Break (second half)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Spring Break (all)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Summer Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Summer Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

Winter Break (first half)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Winter Break (second half)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Winter Break (all)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

5. Holidays. Choose all that apply.

Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
January 1			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Martin Luther King's Birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
President's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Memorial Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
July 4 th			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Labor Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Columbus Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Halloween			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Veterans Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Thanksgiving Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Thanksgiving (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Eve/Day							
New Year's eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

6. Other: _____

