

<p>_____,  <input type="checkbox"/> Petitioner,  _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Limited Parenting Time</b></p>
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**1. Children Covered by this Schedule**

All our children

**OR**

List: \_\_\_\_\_

**2. Limitations. Choose all that apply.**

a.  Mother  Father  Other: \_\_\_\_\_ parenting time must be limited by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

If there is a cost to supervision, those costs will be divided \_\_\_% Mother \_\_\_% Father.

Limitations will continue until: \_\_\_\_\_.

b.  Mother  Father  Other: \_\_\_\_\_ parenting time must be supervised by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

If there is a cost to supervision, those costs will be divided \_\_\_% Mother \_\_\_% Father.

Supervision will continue until: \_\_\_\_\_.

c.  Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.