RICKMA COXON & ASSOCIATES
Dynamic Family Law Firm

Parenting plan *questionnaire.*

Information to assist us in preparing a parenting plan that reflects your child(ren)'s needs and the arrangements agreed between you.

BEFORE YOU START

Complete the fields that apply. If something has not yet been agreed, write "to discuss". Where a field is too small, attach a separate schedule.

Save your completed PDF and email it, together with the completed annexures spreadsheet and the documents listed below, to potentialclients@coxonlaw.co.za.

CONTENTS

Part A	The parents
Part B	The child(ren)
Part C	Current arrangements
Part D	Future arrangements
Part E	Child maintenance

ANNEXURES (SPREADSHEET)

Tab A	Weekday contact logistics (no sleepovers)
Tab B	Weekday contact logistics (sleepovers)
Tab C	Child maintenance needs

Documents to send with this questionnaire

- ☐ Copy of each parent's identity document
- ☐ Copy of each child's birth certificate
- ☐ Copy of each child's latest school report
- ☐ Completed annexures spreadsheet (tabs A to C)

PART A

The parents

Mother

FULL NAME

IDENTITY NUMBER

HOME NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RESIDENTIAL ADDRESS

OCCUPATION

EMPLOYER

WORK NUMBER

WORK ADDRESS

Please attach a copy of the mother's identity document.

Father

FULL NAME

IDENTITY NUMBER

HOME NUMBER

MOBILE NUMBER

EMAIL ADDRESS

RESIDENTIAL ADDRESS

OCCUPATION

EMPLOYER

WORK NUMBER

WORK ADDRESS

Please attach a copy of the father's identity document.

PART B

The child(ren)

Child 1

FULL NAME

DATE OF BIRTH	CURRENT AGE	GENDER	CURRENT SCHOOL

Child 2

FULL NAME

DATE OF BIRTH	CURRENT AGE	GENDER	CURRENT SCHOOL

Child 3

FULL NAME

DATE OF BIRTH	CURRENT AGE	GENDER	CURRENT SCHOOL

Child 4

FULL NAME

DATE OF BIRTH	CURRENT AGE	GENDER	CURRENT SCHOOL

Please attach a copy of each child's birth certificate and latest school report.

Tell us more about your child(ren)

Are there any health or behavioural issues that may affect the way your child is cared for?

If yes, please describe them and any current treatment plan.

HEALTH OR BEHAVIOURAL ISSUES

PART C

Current arrangements

Current care and contact

Briefly explain how each parent currently exercises care of and contact with the child(ren).

MOTHER

FATHER

What does not work in the current arrangement?

Please point out any difficulties you are facing, or have faced, with the current arrangement. This helps us identify areas of conflict so that we can work with you to avoid or minimise conflict in future.

MOTHER

FATHER

Risk factors

Are there any safety or wellbeing concerns that may affect the way you co-parent? Please provide as much detail as possible.

MOTHER

FATHER

PART D

Future arrangements

This part identifies how each of you intends to exercise care and contact once the parenting plan has been agreed. Please set out what has been agreed.

Primary residence during the school term

With whom will the child(ren) primarily live during the school term?

Please state mother or father, and the address that will be the child(ren)'s primary residence.

PRIMARY RESIDENCE

Weekday contact during the school term

Will the non-resident parent have contact with the child(ren) during the school week? Choose

If not, will weekday contact be introduced at a later stage? Choose

If weekday contact will be introduced later, when?

For example, when a child reaches a certain age, after a set period, or once the non-resident parent lives within 10 km of the child's school.

WHEN WEEKDAY CONTACT WILL BE INTRODUCED

If there will be no weekday contact and no plan to introduce it, please explain why.

REASONS

Please set out the logistical arrangements for weekday contact on tab A of the annexures spreadsheet.

Weekday sleepover contact during the school term

Will the child(ren) sleep over during weekday contact? Choose

If not, will weekday sleepovers be introduced at a later stage? Choose

If weekday sleepovers will be introduced later, when?

For example, when a child reaches a certain age, after a set period, or once the non-resident parent lives within 10 km of the child's school.

WHEN WEEKDAY SLEEPOVERS WILL BE INTRODUCED

If there will be no weekday sleepovers and no plan to introduce them, please explain why.

REASONS

Please set out the logistical arrangements for weekday sleepover contact on tab B of the annexures spreadsheet.

Weekend contact during the school term

How will weekends be divided between the parents?

If there are no sleepovers, please state the collection and drop-off place and time.

WEEKEND CONTACT

School holidays and special days

How will the long school holidays be divided between the parents?

Please include as much detail as possible, including collection and drop-off places and times.

LONG SCHOOL HOLIDAYS

How will the short school holidays be divided between the parents?

Please include as much detail as possible, including collection and drop-off places and times.

SHORT SCHOOL HOLIDAYS

How will the child(ren)'s birthdays be shared?

Tick the option that applies.

- [ ] Both parents will spend the day with the birthday child together.
- [ ] Both parents will spend a fixed amount of time with the child on their birthday.
- [ ] The parents will alternate each year (one year with the mother and the next with the father).
- [ ] The actual birthday and the right to host the birthday party will alternate. The parent who does not have the child on the actual birthday will host the party that year.
- [ ] Other (please give details below).

OTHER BIRTHDAY ARRANGEMENTS

How will public holidays and religious holidays be divided between the parents?

PUBLIC AND RELIGIOUS HOLIDAYS

Emotional considerations

How do you intend to deal with the introduction of a new romantic partner?

If relevant, please give us your instructions.

NEW PARTNERS

Religious and cultural matters

If relevant, please give us your instructions.

RELIGIOUS AND CULTURAL MATTERS

Third parties

Are there any people you do not want your child(ren) to be exposed to?

THIRD PARTIES

PART E

Child maintenance

Please tell us how the child(ren) will be maintained by answering the questions below. For context, please also complete tab C of the annexures spreadsheet, which sets out the child(ren)'s monthly maintenance needs.

Cash maintenance

Who will pay the monthly cash maintenance? (mother or father)	
Agreed monthly cash maintenance per child (R)	
Day of the month on which maintenance is payable (for example 1st, 15th, last)	
Annual increase (CPI or a fixed percentage; if fixed, state the rate)	
Month in which the annual increase takes effect	

Banking details for maintenance payments

ACCOUNT HOLDER

BANK

ACCOUNT NUMBER

BRANCH CODE

PAYMENT REFERENCE

Education expenses

Who will pay the school fees?	
Who will pay for school uniforms?	
Who will pay for textbooks and stationery?	
Who will pay extramural fees?	

Medical expenses

Who will pay the child(ren)'s medical aid contributions?	
Who will pay medical expenses not covered by the medical aid?	
Medical aid provider	
Medical aid plan	

Main member of the medical aid	

Anything else?

Are there any other aspects of the child(ren)'s maintenance you would like to bring to our attention?

Please provide as much detail as possible.

OTHER MAINTENANCE MATTERS

Thank you. Please remember to send the completed annexures spreadsheet and the documents listed on the first page with this questionnaire.