

Joint Physical Custody Schedule Form

Parent 1 Name

Parent 2 Name

Child(ren) Name(s)

Start Date

End Date

Regular Weekly Schedule

Day	Parent 1	Parent 2	Exchange Time/Location
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>

Holiday Schedule (if different from above)

School Breaks/Vacation Schedule (if different from above)

Notes/Additional Agreements

Parent 1 Signature

Date

Parent 2 Signature

Date