# Form FD2A

20 No.

 **Supreme Court of Nova Scotia**

**(Family Division)**

Between:

Applicant/Petitioner

and

Respondent

**Parenting Statement**

Please check the box that applies to You:

* I am the Applicant (the person making the application/petition)

*OR*

* I am the Respondent (the person responding to an application/petition)

This matter relates to the following child or children:

Full name (Including Middle Name) Age Birthdate (M/D/Y)

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The child or children receive child care or attend pre-school or school as follows:

Child’s Name Days Hours Location

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The following child or children have special needs or disabilities that may affect decision-making/custody, parenting time or parenting arrangements:

Child’s Name Special Needs or Disabilities Details

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PRESENT PARENTING ARRANGEMENTS

1. The present parenting arrangements for each child:

a) Where does each child live now?

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b) What is the schedule of parenting time for each child now?

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PROPOSED PARENTING ARRANGEMENT

1. The proposed parenting arrangements for each child:

a) Where do you want each child to live?

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 b) What schedule of parenting time do you want for each child?

 (i) Reasonable parenting time (flexible parenting schedule that you both agree to)

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 (ii) Specified parenting time (give specific details including dates and times) Attach a schedule if necessary:

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 a. Regular parenting time (i.e. throughout school year)

* weekend time (specify)

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* weekday time (specify)

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 b. Holiday/Special Occasion parenting time (specific days and times)

* March Break

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* Summer Holiday

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* Christmas/Hannukah/Kwanza

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* Easter

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* Other

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 OR

 (iii) Supervised parenting time (visiting that takes place with another adult

 present), if so, give specific details (who would supervise/where and when):

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3. Do you or the other parent work outside the home, if so what are the days and hours of work?

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I declare that the above information is accurate to the best of my knowledge.

**Signature**

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20

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 Signature

 Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_