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| --- | --- | --- |
| Enter the name of the county in which this case is filed. | **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** |  |
| Check marriage or paternity. If paternity, enter the initials of the child. | In RE: The  marriage  paternity of  **Petitioner/Joint Petitioner A**    Name (First, Middle and Last)  and |
| Enter the name of the Petitioner/Joint Petitioner A. |
| Proposed Parenting Plan Case No. |
| Enter the name of the Respondent/Joint Petitioner B. | **Respondent/Joint Petitioner B**    Name (First, Middle and Last) |
| Enter the case number. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **I understand that Wisconsin law states that in an action in which legal custody or physical placement is contested:**   * I am required to file a proposed parenting plan within 60 days after the court waives mediation or within 60 days after the mediator notifies the court that no agreement has been reached. * If I fail to file such a plan, I may lose my right to contest the plan submitted by the other parent unless I can show good cause for my delay. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check Petitioner Petitioner/ Joint Petitioner A or Respondent/ Joint Petitioner B. |
| I am  Petitioner/Joint Petitioner A  Respondent/Joint Petitioner B of the minor children of this case. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **I am proposing the following parenting plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Legal custody is the right and responsibility to make major decisions about a child, except for those specific decisions described in 2, if any. |  | A. | **Legal Custody** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | | **Legal custody** of the minor children shall be as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Name of Child** | | | | | | | | | | | | **Date of Birth** | | | | | | | **Joint Legal Custody** | | | | | | | **Sole**  **Legal Custody Petitioner/Joint Petitioner A** | | | | | | | **Sole Legal Custody to Respondent/**  **Joint Petitioner B** | | |
| Enter the name of each child and check who you believe should have legal custody. |  |  |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | |
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|  |  |  | 2. | | | **Specific Decision Making Authority** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | Decisions in the following listed areas will be made as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | **Decision** | | | | | | | | | | | **Jointly** | | | | | **Petitioner/**  **Joint Petitioner A** | | | | | | | | **Respondent/**  **Joint Petitioner B** | | | | | |
| Check who will be making the specific decisions for each subject area in a-d. If other, please specify. |  |  |  | | | a. | | | Non-Emergency Health Care | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  |  | | | b. | | | Education/School Activities | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  |  | | | c. | | | Child Care Providers | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  |  | | | d. | | | Non-School Activities | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  |  | | | e. | | | Other: | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  |  |  | | |  | | |  | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
|  |  | B. | **Physical Placement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | In allocating the time the minor children spend between the parents, the court should award the placement on a day-to-day basis as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Physical Placement is the right to have a child physically placed with a party. |  | **Name of Child** | | | | | | | | | | | | | | | | | **Equal Shared Placement** | | | | | | | **Primary Physical Placement to**  **Petitioner/**  **Joint Petitioner A** | | | | | | | | **Primary Physical Placement to Respondent/**  **Joint Petitioner B** | | | | |
| Enter the name of each child and check which parent you believe should have physical placement of that child. |  |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
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| Check 1 or 2. If a, attach a schedule. If b, describe how placement will be shared in the chart provided. |  | AND the physical placement schedule shall be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | 1. | | as listed in the attached document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | 2. | | as proposed below (on a biweekly basis): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | **Mon.** | | | **Tues.** | | | **Wed.** | | | | | **Thurs.** | | | | | | | **Fri.** | | | | **Sat.** | | | | | **Sun.** | |
|  |  |  | | Week 1 | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | |
|  |  |  | | Week 2 | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | C. | | **Summer and Holiday Placement Schedule**  The summer and holiday placement schedule should be as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 1. | | | | as proposed here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1, 2 or 3.  If 1, enter the year [every/odd/even] in which the schedule will begin. Check which parent you believe should have the children for each holiday break. |  |  | | **Holidays** | | | | | | | | | | | | | | **With Petitioner/**  **Joint Petitioner A**  **the following years** | | | | | | | | | | | | | **With Respondent/**  **Joint Petitioner B**  **the following years** | | | | | | | |
|  |  | | **Every**  **year** | | | | | **Even**  **years** | | | | **Odd**  **years** | | | | **Every**  **year** | | | | **Even**  **years** | | | **Odd**  **years** |
|  |  | | a. Mother’s Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  | | b. Memorial Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  | | c. Father’s Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  | | d. July 4th | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | e. Labor Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | f. Halloween | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | g. Thanksgiving | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | h. Christmas Eve | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | i. Christmas Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | j. New Year’s Eve | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | k. New Year’s Day | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | l. Religious Holiday | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | m. Religious Holiday | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | n. Petitioner/Joint Petitioner A’s Birthday | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | o. Respondent/Joint Petitioner B’s Birthday | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | p. Children’s Birthday(s) | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | q. Other: | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | r. Other: | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | s. School Spring Break | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
|  |  |  | | t. School Teacher Conventions | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  |
| If 2, write the name of the county whose schedule you are using.  If 3, enter the other schedule. |  |  | | u. Summer Break to be shared as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | | | According to the attached       County standard placement schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 3. | | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | **See attached** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2.  If 2, enter the name of the childcare provider and indicate in a and b the percent you propose each parent should pay toward the cost. The total amount must equal 100%. |  |  | |  | | | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  |
|  | D. | | **Child Care** | | | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  |
|  |  | | 1. | | | | The children do not require child care. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | | | The child care will be provided by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **And** the cost of child care will be paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | a. Petitioner/Joint Petitioner A to pay      %. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | b. Respondent/Joint Petitioner B to pay      %. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  |
|  |  | E. | | **Transportation Issues** | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  |
| Check a, b, c, or d. |  |  | | 1. | | | | The physical transfer of the children for placement should be as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | a. | | | All transportation to and from placements will be provided by Petitioner/ Joint Petitioner A. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | b. | | | All transportation to and from placements will be provided by Respondent/ Joint Petitioner B. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If c, check 1 or 2. |  |  | |  | | | | c. | | | Transportation will be shared with: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | 1) | | | parent with children shall deliver. | | | | | | | | | | | | | | | | | | | | | | | | |
| If d, enter the other proposal. |  |  | |  | | | |  | | | 2) | | | parent without children shall pick up. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | d. | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For 2, check a, b, or c. |  |  | | 2. | | | | Transfers of children shall take place at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | a. | | | parent’s home. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If b or c, enter the location for the drop-off. |  |  | |  | | | | b. | | | halfway point: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | c. | | | other location: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If d, check 1,2,3 or 4. For each enter the requested information. |  |  | |  | | | | d. | | | Inter-spousal battery/domestic violence is an issue in this relationship and in order to ensure the safety of the children and/or parent, transfers of the children between the parents shall be: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | 1) | | supervised by | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | 2) | | at a neutral public site | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | 3) | | at a home of the following person | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | 4) | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| For 3, check a or b.  If b, enter how you propose the transportation costs should be paid. |  |  | | 3. | | | | Transportation Costs shall be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | a. | | | paid by party who incurs the costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | b. | | | paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | F. | | **Child Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | The noncustodial parent shall be responsible for child support as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1, or 2. |  |  | | 1. | | | | as required by the state support guidelines (see divorce/paternity summons). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 2. | | | | according to the *attached* proposal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | **(Note:** If the proposal is different from the state guidelines, the reason why it is different must be given.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the name of each child and indicate which school you propose he/she attend. |  | G. | | **School** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | | | The children will attend school at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | **Name of Child** | | | | | | | | | | | | | | | | **School/ School District** | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Enter the percentage each parent should pay. The total amount must equal 100%. |  |  | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Check a or b.  If a, enter the address. |  |  | | 2. | | | | Education costs will be paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | a. | | | | Petitioner/Joint Petitioner A to pay       %. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If b, enter your general location. |  |  | |  | | | | b. | | | | Respondent/Joint Petitioner B to pay       %. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | H. | | **Residence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check a or b. If a, enter the address at which you intend to live for the next two years.  If b, enter the general location of where you intend to live for the next two years. |  |  | | 1. | | | | **Current** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | a. | | | | I currently reside at: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | Address  City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | b. | | | | This is a domestic violence case; I decline to give a specific address, but my general location is currently       . | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | c. | | | | The other party resides at:  Address  City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 2. | | | | **Future** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | a. | | | | For the next two years it is my intention to reside at: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | Address  City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | b. | | | | This is a domestic violence case; I decline to give a specific future address, but it is my intention to generally reside for the next two years at:       . | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | I. | | **Current Employer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2. |  |  | | 1. | | | | I am currently employed at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 1, enter your current employer and your general work schedule. |  |  | |  | | | | Employer  City       State       Days/Hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, enter your general employment. |  |  | | 2. | | | | This is a domestic violence case; I decline to give my specific employment, but where I generally work is       . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 3. | | | | The other party is currently employed at:  Employer Name  Address  City       State       Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the name of each provider. If other, enter the description along with the provider name. |  | J. | | Health Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | | | **Providers:** Healthcare services will be provided to the children by the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | Doctors/Pediatrician/Clinic  Eye/Optometrist  Dentist/Orthodontist  Insurance/Health Plan (if any)  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | | | **Expenses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1, 2, 3, 4 or 5. |  |  | |  | | | | a. | | | | Healthcare Insurance for the minor children will be: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | 1) | paid by me. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | 2) | paid by the other parent. | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 4, describe your payment suggestion. |  |  | |  | | | |  | | | | 3) | shared equally by both of us. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | 4) | paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 5, attach the plan. |  |  | |  | | | |  | | | | 5) | **See attached plan**. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1, 2, 3, 4 or 5. |  |  | |  | | | | b. | | | | Uninsured healthcare expenses shall be: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | 1) | paid by me. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | 2) | paid by the other parent. | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 4, describe your payment suggestion. |  |  | |  | | | |  | | | | 3) | shared equally by both of us. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | | | | 4) | paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 5, attach the plan. |  |  | |  | | | |  | | | | 5) | **See attached plan**. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2. |  | K. | | **Religious Upbringing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 1, enter the name of the religion. |  |  | | 1. | | | | The minor children will be raised in the following religion: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | | | No religious affiliation is planned. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | L. | | **Maintaining Contact with Other Parent**  I shall assist the children in maintaining contact with the other parent by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply in 1-10. If other, enter a description. |  |  | | 1. | | | | direct contact through periods of placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | | | telephone contact. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 3. | | | | cards/letters. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 4. | | | | e-mail. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 5. | | | | providing copies of children’s school projects. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 6. | | | | providing photographs of children participating in activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 7. | | | | assisting children with gift purchasing for other parent for birthdays and holidays. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 8. | | | | assisting children with letter writing to other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 9. | | | | creating personal web-site for posting pictures, letters, information, comments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 10. | | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | (**Note**: Each parent is expected to take personal responsibility for contacting the schools to obtain school calendars and report cards and attending parent-teacher meetings.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | M. | | **Resolving Disagreements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply. |  |  | | If there are disagreements between myself and the other parent on issues that are to be joint decisions, the way to resolve the disagreements will be | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 1. | | | | the parent who has primary physical placement will decide. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 2. | | | | the parent who has physical placement at the time of the disagreement will decide. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 3. | | | | to allow the parent who generally made this type of decision before these court proceedings were started to make the same type of decision in the future. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 4. | | | | to review the issues from the other parent’s or children’s standpoint and reconsider my position. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 5. | | | | to determine whether my opposition is in good faith and in the best interests of the children or whether it is an attempt to spite the other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 6. | | | | to determine whether this is a situation in which the children is/are attempting to manipulate one parent against the other and, if so, consult with the other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | 7. | | | | to ask for assistance from friends, relatives, clergy, or others who can be neutral and fair. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 8, enter the name(s) of the individuals. |  |  | | 8. | | | | I would suggest the following person(s) to serve as a third-party neutral(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 10, enter your suggested method. |  |  | | 9. | | | | to contact the family court mediation program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 10. | | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the date on which you signed your name.  **Note:** This signature does not need to be notarized. |  |  | |  | | | | ▶  Petitioner/Joint Petitioner A **OR**  Respondent/Joint Petitioner B    Print or Type Name    Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |