

Enter the name of the county in which this case is filed.

STATE OF WISCONSIN, CIRCUIT COURT,
_____ COUNTY

For Official Use

Check marriage or paternity. If paternity, enter the initials of the child.

In re the Marriage Paternity of: _____

Petitioner/Joint Petitioner-Wife:

Enter the name of the petitioner. If joint petitioners, enter the name of the wife.

First name Middle name Last name
and

Enter the name of the respondent. If joint petitioners, enter the name of the husband.

Respondent/Joint Petitioner-Husband:

Proposed Parenting Plan

First name Middle name Last name

Enter the case number.

Case No. _____

I understand that Wisconsin law states that:

- I am required to file with the court a proposed parenting plan **before the pretrial conference.**
- 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 mother or father.

I am the mother father 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 to mother	Sole legal custody to father
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the name of each child and check who you believe should have legal custody.

2. Specific Decision Making Authority:

Decisions in the following listed areas will be made as follows:

Check who will be making the specific decisions for each subject area in a-d. If other, please specify.

Decision	Jointly	By mother	By father
a. Non-Emergency Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education/School Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-School Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Physical Placement is the right to have a child physically placed with a party.

Enter the name of each child and check which parent you believe should have physical placement of that child.

And check a or b. If a, attach a schedule. If b, describe how placement will be shared in the chart provided.

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:

Name of child	Equal shared placement	Primary physical placement to mother	Primary physical placement to father
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AND the physical placement schedule shall be:
 a. as listed in the attached document.
 b. 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:

Holidays	With Mother the following years			With Father the following years		
	Every year	Even years	Odd years	Every year	Even years	Odd years
a. Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Memorial Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. July 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Labor Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Religious Holiday _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Religious Holiday _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Father's Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mother's Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Children's Birthday(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. School Spring Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. School Teacher Conventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Summer Break to be shared as follows: _____						

Check 1, 2, or 3.
 If I check which parent you believe should have the children for each holiday and break.

If 2, write the name of the county whose schedule you are using.

If 3, enter the other schedule.

2. According to the attached _____ County standard placement schedule.
 3. Other: _____

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%.

Check a, b, c, or d.
If c, check 1 or 2
If d, enter the other proposal.

For 2, check a, b, or c.
If b or c, enter the location for the drop-off.
If d, check a, b, c, or d.
For each enter the requested information.

For 3, check a or b.
If b, enter how you propose the transportation costs should be paid.

Check 1, or 2.

Enter the name of each child and indicate which school you propose he/she attend.

Enter the percentage each parent should pay. 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. The mother to pay _____%.
 - b. The father to pay _____%.

E. Transportation Issues:

1. The physical transfer of the children for placement should be as follows:
 - a. All transportation to and from placements will be provided by the mother.
 - b. All transportation to and from placements will be provided by the father.
 - c. Transportation will be shared with:
 1. parent with children shall deliver.
 2. parent without children shall pick up.
 - d. Other _____
2. Transfers of children shall take place at:
 - a. parent's home
 - b. halfway point: _____
 - c. other location: _____
 - 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: _____
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:
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.*

G. School:

1. The children will attend school at:	
Name of child	School/ School District
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Education costs will be paid as follows:
 - a. The mother to pay _____%.
 - b. The father to pay _____%.

Check a or b.
If a, enter the address.

If b, enter your general location.

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.

Check 1 or 2.

If 1, enter your current employer and your general work schedule.

If 2, enter your general employment.

Enter the name of each provider. If other, enter the description along with the provider name.

Check 1, 2, 3, 4 or 5.

If 4, describe your payment suggestion.

If 5, attach the plan.

Check 1, 2, 3, 4 or 5.

If 4, describe your payment suggestion.

If 5, attach the plan.

Check 1 or 2.

If 1, enter the name of the religion.

H. Residence:

1. Current

a. I currently reside at:

Address: _____

City: _____ State _____ Zip _____

b. This is an inter-spousal battery/domestic violence case; I decline to give a specific address, but my general location is currently _____.

2. Future

a. For the next two years it is my intention to reside at:

Address _____

City _____ State _____ Zip _____

b. This is an inter-spousal battery/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:

1. I am currently employed at:

Employer _____ City _____

State _____ Days/Hrs _____

2. This is an inter-spousal battery/domestic violence case; I decline to give my specific employment, but where I generally work is: _____.

J. Health Care

1. Providers: Healthcare services will be provided to the children by the following:

Doctors/Pediatrician/Clinic: _____

Eye/Optomestrist: _____

Dentist/Orthodontist: _____

Insurance/Health Plan (if any): _____

Other: _____

2. Expenses:

a. Healthcare Insurance for the minor children shall be:

1. paid by me

2. paid by the other parent

3. shared equally by both of us

4. paid as follows: _____

5. according to the attached plan.

b. Uninsured healthcare expenses shall be:

1. paid by me

2. paid by the other parent

3. shared equally by both of us

4. paid as follows: _____

5. See attached plan.

K. Religious Upbringing:

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:

- 1. Direct contact through periods of placement
- 2. Telephone contact
- 3. Cards/letters
- 4. Email
- 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:

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. 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. Review the issues from the other parent's or children's standpoint and reconsider my position.
- 5. 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, if it is not in good faith or the best interests, reconsider my position.
- 6. Determine whether this is a situation in which the children is/are attempting to manipulate one parent against the other; if it appears to be manipulative, attempt to consult with the other parent to prevent the children from trapping us in this position.
- 7. Ask for assistance from friends, relatives, clergy, or others who can be neutral and fair.
- 8. I would suggest the following person(s) to serve as a third-party neutral(s): _____
- 9. Contact the family court mediation program.
- 10. Other: _____

Check all that apply in 1-10. If other, enter a description.

Check 1, 2, 3, 4, 5, 6, 7, 8, 9, or 10.

If 8, enter the name(s) of the individuals.

If 10, enter your suggested method.

Sign and print your name.

Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

Signature

Print or Type Name

Date