

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

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 <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____ Petitioner/Joint Petitioner A _____
Enter the name of the Petitioner/Joint Petitioner A.	Name (First, Middle and Last) and
Enter the name of the Respondent/Joint Petitioner B.	Respondent/Joint Petitioner B _____
Enter the case number.	Name (First, Middle and Last) Proposed Parenting Plan Case No. _____

I understand that Wisconsin law states that in an action in which legal custody or physical placement is contested:

Check Petitioner/Joint Petitioner A or Respondent/Joint Petitioner B.

- 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.

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.

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

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
		<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"/>

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	Petitioner/Joint Petitioner A	Respondent/Joint Petitioner B
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"/>

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.

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

Name of Child	Equal Shared Placement	Primary Physical Placement to Petitioner/ Joint Petitioner A	Primary Physical Placement to Respondent/ Joint Petitioner B
	<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"/>

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	<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. Petitioner/Joint Petitioner A's Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Respondent/Joint Petitioner B'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: _____						

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

If 2, write the name of the county whose schedule you are using.
 If 3, enter the other schedule.

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%.

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 1,2,3 or 4. 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%.

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

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

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.
 - 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. Petitioner/Joint Petitioner A to pay _____%.
- b. Respondent/Joint Petitioner B to pay _____%.

H. Residence

1. **Current**

- a. I currently reside at:

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.

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: _____.

Check 1 or 2.
If 1, enter your current employer and your general work schedule.
If 2, enter your general employment.

I. Current Employer

1. I am currently employed at:

Employer _____
City _____ State _____ Days/Hrs. _____

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.

Check 1, 2, 3, 4 or 5.

J. Health Care

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

Doctors/Pediatrician/Clinic _____
Eye/Optomtrist _____
Dentist/Orthodontist _____
Insurance/Health Plan (if any) _____
Other: _____

2. **Expenses**

a. Healthcare Insurance for the minor children will 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.**

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.**

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.

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.

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

description.

- 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.)

Check all that apply.

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. 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.
- 8. I would suggest the following person(s) to serve as a third-party neutral(s):

- 9. to contact the family court mediation program.
- 10. Other: _____

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

If 10, enter your suggested method.

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