|  |  |
| --- | --- |
| **This form is available in Spanish.** [**https://www.wicourts.gov/forms1/circuit/index.htm**](https://www.wicourts.gov/forms1/circuit/index.htm)***(Este formulario está disponible en español.)*** |  |
|  |
| Enter the name of the county in which this case is filed. | **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** |
| Mark marriage or paternity. If paternity, enter initials of 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[ ]  Individual[ ]  Joint/Both PartiesCase No.        |
| Enter the name of the Respondent/Joint Petitioner B.Check box if plan being submitted by one parent or both parents. | **Respondent/Joint Petitioner B**      Name (First, Middle and Last) |
| Enter the case number. |

|  |  |
| --- | --- |
|  | **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.
* I am required to submit a proposed parenting plan to the mediator at least 10 days before the initial mediation session.
* 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.Check both boxes if plan is being submitted by both parents. |
| 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. |  |  |       |       | [ ]  | [ ]  | [ ]  |
|  |  |       |       | [ ]  | [ ]  | [ ]  |
|  |  |       |       | [ ]  | [ ]  | [ ]  |
|  |  |  |       |       | [ ]  | [ ]  | [ ]  |
|  |  |  |       |       | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | 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.  |  |       | [ ]  | [ ]  | [ ]  |
|  |       | [ ]  | [ ]  | [ ]  |
|  |       | [ ]  | [ ]  | [ ]  |
|  |       | [ ]  | [ ]  | [ ]  |
|  |       | [ ]  | [ ]  | [ ]  |
|  |  |  |
| 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 |       |       |       |       |       |       |       |
| If checked, enter reasons. |  |  | [ ]  If either parent is receiving less than 25% physical placement with the minor child(ren), the specific reasons more placement with that parent is not in the child(ren)’s best interest is as follows:        |
| Check if attachments. |  |  | [ ]  **See attached** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 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:        |
|  |  |  |  |  |  |
| Enter the name of each child and indicate which school you propose he/she attend. |  | F. | **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       %. |
|  |  | G. | **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:       . |
|  |  |  |  |  |  |
|  |  | H. | **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. |  | I. | Health Care |
|  |  | **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:        |
| In J., check all that is applicable. Use “Other” to indicate additional variable expense that is not listed. |  | J. | **Variable Expenses** |
|  |  | I expect the child(ren) to incur the following variable costs: [ ]  **See attached** |
|  |  | **CHILDCARE** | **Yes** | **No** | **N/A** |
|  |  | day care | [ ]  | [ ]  | **[ ]**  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | **TRANSPORTATION** | **Yes** | **No** | **N/A** |
|  |  |  | driver’s education fees | [ ]  | [ ]  | **[ ]**  |
|  |  |  | child’s car insurance | [ ]  | [ ]  | [ ]  |
|  |  |  | child’s vehicle | [ ]  | [ ]  | [ ]  |
|  |  |  | bus pass | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | **SCHOOL ITEMS** | **Yes** | **No** | **N/A** |
|  |  |  | school supplies/backpack | [ ]  | [ ]  | **[ ]**  |
|  |  |  | school fees | [ ]  | [ ]  | [ ]  |
|  |  |  | school lunches | [ ]  | [ ]  | [ ]  |
|  |  |  | pre-k – 12 parochial/private school tuition | [ ]  | [ ]  | [ ]  |
|  |  |  | class trips | [ ]  | [ ]  | [ ]  |
|  |  |  | letter jacket, class ring, high school graduation expenses | [ ]  | [ ]  | [ ]  |
|  |  |  | tutoring fees | [ ]  | [ ]  | [ ]  |
|  |  |  | advanced placement class test fees | [ ]  | [ ]  | [ ]  |
|  |  |  | school pictures (including senior pictures)/yearbooks | [ ]  | [ ]  | [ ]  |
|  |  |  | prom dress/formalwear (tuxes, tickets/flowers) | [ ]  | [ ]  | [ ]  |
|  |  |  | high school graduation costs | [ ]  | [ ]  | [ ]  |
|  |  |  | costs of college search - application fees, travel expenses | [ ]  | [ ]  | [ ]  |
|  |  |  | SAT/ACT prep classes/fees | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | **CLOTHING** | **Yes** | **No** | **N/A** |
|  |  |  | winter coats/boots | [ ]  | [ ]  | **[ ]**  |
|  |  |  | school uniforms | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | **ACTIVITIES / RECREATION** | **Yes** | **No** | **N/A** |
|  |  |  | extracurricular activities: fees, lessons, equipment, uniforms, instruments, etc. required for participation | [ ]  | [ ]  | **[ ]**  |
|  |  |  | religious activities | [ ]  | [ ]  | [ ]  |
|  |  |  | club/traveling team sports membership fees | [ ]  | [ ]  | [ ]  |
|  |  |  | recreational safety courses and licenses | [ ]  | [ ]  | [ ]  |
|  |  |  | health club/fitness membership | [ ]  | [ ]  | [ ]  |
|  |  |  | classes (art, life guarding, etc.) | [ ]  | [ ]  | [ ]  |
|  |  |  | residential summer camp | [ ]  | [ ]  | [ ]  |
|  |  |  | music lessons | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | **GENERAL LIFESTYLE** | **Yes** | **No** | **N/A** |
|  |  |  | haircuts | [ ]  | [ ]  | **[ ]**  |
|  |  |  | child’s gifts to others | [ ]  | [ ]  | [ ]  |
|  |  |  | cell phone and related expenses | [ ]  | [ ]  | [ ]  |
|  |  |  | luggage/backpacks | [ ]  | [ ]  | [ ]  |
|  |  |  | laptops/desktop computer | [ ]  | [ ]  | [ ]  |
|  |  |  | computer accessories/software/hardware | [ ]  | [ ]  | [ ]  |
|  |  |  | game system | [ ]  | [ ]  | [ ]  |
|  |  |  | birthday/graduation parties for child | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  | Other:        | [ ]  | [ ]  | [ ]  |
|  |  |  |  |
| 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.If plan is being submitted by both parents, each parent must sign on a separate signature block. |  |  |  | ▶       [ ]  Petitioner/Joint Petitioner A **OR** [ ]  Respondent/Joint Petitioner B      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |  |  |  |
| 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      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
| Check box if a lawyer mediator helped to complete this form. |  | **[ ]  This document was prepared with the assistance of a lawyer acting as mediator.** |