

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Check marriage or paternity. If paternity, enter the initials of the child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____  <b>Petitioner/Joint Petitioner A</b> _____
Enter the name of the Petitioner/Joint Petitioner A.	Name (First, Middle and Last)  and
Enter the name of the Respondent/Joint Petitioner B.	<b>Respondent/Joint Petitioner B</b> _____
Enter the case number.	Name (First, Middle and Last)  <div style="text-align: right;"><b>Proposed Parenting Plan</b>  Case No. _____</div>

**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: \_\_\_\_\_

See attached

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

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: \_\_\_\_\_.

**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 \_\_\_\_\_

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

**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.**

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.

**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