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| Enter the name of the county in which this case is filed.  *Escriba el nombre del condado en el que se presenta este caso.* | **STATE OF WISCONSIN, CIRCUIT COURT,**  ***ESTADO DE WISCONSIN, TRIBUNAL DE PRIMERA INSTANCIA***  **COUNTY**  ***CONDADO DE*** |  |
| Check marriage or paternity. If paternity, enter the initials of the child.  *Marque el recuadro para indicar si se trata de matrimonio o de paternidad Si se trata de paternidad, escriba las iniciales del hijo.* | In RE: The  marriage  paternity of  *Referente al Matrimonio Paternidad de*  **Petitioner/Joint Petitioner A**  ***Parte Demandante/Solicitante Conjunta A***    Name (First, Middle and Last) / *Nombre* (*Nombre, Segundo Nombre, y Apellido)*  and / *y* |
| Enter the name of the Petitioner/Joint Petitioner A.  *Escriba el nombre de la ParteDemandante/Solicitante Conjunta A.* |
| Proposed Parenting Plan*Propuesto plan de crianza* Individual / *Individual*  Joint/Both Parties */Ambas partes*  Case No.  *Causa no.* |
| Enter the name of the Respondent/Joint Petitioner B.  *Escriba el nombre de la Parte Demandada/Solicitante Conjunta B.* | **Respondent/Joint Petitioner B**  ***Parte Demandada/Solicitante Conjunta B***    Name (First, Middle and Last) / *Nombre* (*Nombre, Segundo Nombre, y Apellido)* |
| Check box if plan being submitted by one parent or both parents.  *Marque la casilla si el plan lo presenta uno o ambos padres* |
| Enter the case number.  *Escriba el número de caso.* |

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| This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations. This form must be completed in the English language.  *Este documento no sustituye el uso de un intérprete, ni los coloquios judiciales exigidos por la ley. Tampoco sustituye la responsabilidad del tribunal y los abogados de asegurarse de que las personas cuya comprensión del idioma inglés sea limitada entiendan por completo sus derechos y obligaciones.* *Este formulario debe llenarse en inglés.* | | | | | | | | | | | |
|  | **I understand that Wisconsin law states that in an action in which legal custody or physical placement is contested:** | | | | | | | | | | |
|  | ***Entiendo que la ley de Wisconsin afirma que en una acción donde la custodia legal o la colocación física está en disputa:*** | | | | | | | | | | |
|  | * 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. | | | | | | | | | | |
|  | *Debo presentar ante el tribunal un propuesto plan de crianza dentro de los 60 días posteriores a que el tribunal renuncia a la mediación o dentro de los 60 días posteriores a que el mediador notifica al tribunal que no se ha llegado a un acuerdo.* | | | | | | | | | | |
|  | * I am required to submit a proposed parenting plan to the mediator at least 10 days before the initial mediation session. | | | | | | | | | | |
|  | *Tengo la obligación de presentar al mediador una propuesta de plan de crianza al menos 10 días antes de la sesión inicial de mediación.* | | | | | | | | | | |
|  | * 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. | | | | | | | | | | |
|  | *Si no presento tal plan, puedo perder mi derecho de oponerme al plan presentado por el otro padre, a menos que yo pueda justificar mi demora.* | | | | | | | | | | |
| Check Petitioner/ Joint Petitioner A or Respondent/ Joint Petitioner B.  *Marque si es la Parte Demandante/Solicitante Conjunta A o la parte Demandada/Solicitante Conjunta B.* |  | | | | | | | | | | |
| I am  Petitioner/Joint Petitioner A  Respondent/Joint Petitioner B of the minor children of this case. | | | | | | | | | | |
| *Soy la Parte Demandante/Solicitante Conjunta A la parte Demandada/Solicitante Conjunta B de los hijos menores de edad en este caso.* | | | | | | | | | | |
|  | **I am proposing the following parenting plan:**  ***Propongo el siguiente propuesto plan de crianza:*** | | | | | | | | | | |
| **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.  ***Nota:*** *La tutela legal es el derecho y la responsabilidad de tomar decisiones trascendentales acerca de un hijo menor de edad, con excepción de las decisiones específicas descritas en 2, si las hubiere.* |  | A. | **Legal Custody** / ***Tutela legal*** | | | | | | | | |
|  |  | 1. | **Legal custody** of the minor children shall be as follows: | | | | | | | |
|  |  |  | ***La tutela legal*** *de los hijos menores de edad deberá ser la siguiente:* | | | | | | | |
|  |  | **Name of Child**  ***Nombre del hijo menor de edad*** | | | **Date of Birth**  ***Fecha de nacimiento*** | **Joint Legal Custody**  ***Tutela legal conjunta*** | | **Sole**  **Legal Custody Petitioner/**  **Joint Petitioner A**  ***Tutela legal***  ***individual a la Parte Demandante/***  ***Solicitante***  ***Conjunta A*** | | **Sole Legal Custody to Respondent/**  **Joint Petitioner B**  ***Tutela legal individual a la Parte Demandada/***  ***Solicitante Conjunta B*** |
| Enter the name of each child and check who you believe should have legal custody.  *Escriba el nombre de cada menor y marque quién cree Ud. que debería tener la tutela legal.* |  |  |  | | |  |  | |  | |  |
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|  |  |  | 2. | **Specific Decision Making Authority** | | | | | | | |
|  |  |  |  | ***Autoridad específica de toma de decisiones*** | | | | | | | |
|  |  |  |  | Decisions in the following listed areas will be made as follows: | | | | | | | |
|  |  |  |  | *Las decisiones sobre las siguientes áreas enumeradas deberán tomarse de la siguiente manera:* | | | | | | | |
|  |  |  |  | **Decision / *Decisión*** | | | **Jointly**  ***Conjunta*** | **Petitioner/**  **Joint Petitioner A**  ***La Parte Demandante/***  ***Solicitante Conjunta A*** | | **Respondent/**  **Joint Petitioner B**  ***La Parte Demandada/***  ***Solicitante Conjunta B*** | |
| Check who will be making the specific decisions for each subject area in a-d. If other, please specify.  *Marque quién va a tomar las decisiones específicas para cada área temática de la a a la d. Si hay otra, especifíque, por favor.* |  |  |  | a. | Non-Emergency Health Care  *Cuidado de salud no urgente* | |  |  | |  | |
|  |  |  | b. | Education/School Activities  *Actividades educativas / escolares* | |  |  | |  | |
|  |  |  | c. | Child Care Providers  *Proveedores de cuidado infantil* | |  |  | |  | |
|  |  |  | d. | Non-School Activities  *Actividades extraescolares* | |  |  | |  | |
|  |  |  | e. | Other / *Otra*: | |  |  | |  | |
|  |  |  |  |  |  | |  |  | |  | |
|  |  | B. | **Physical Placement / *Colocación física*** | | | | | | | | |
|  |  |  | 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: | | | | | | | | |
|  |  |  | *Al repartir entre los dos padres el tiempo que los hijos menores de edad van a pasar con cada uno, el tribunal deberá conceder además la colocación en forma diaria, de la siguiente manera:* | | | | | | | | |

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| **Note:** Physical Placement is the right to have a child physically placed with a party.  ***Nota****: La colocación física es el derecho de tener a un hijo físicamente colocado con una parte.*  Enter the name of each child and check which parent you believe should have physical placement of that child.  *Escriba el nombre de cada hijo y marque qué padre cree Ud. que debería tener la colocación de ese hijo.* |  | **Name of Child**  ***Nombre del hijo***  ***menor de edad*** | | | | | | | | | | **Equal Shared**  **Placement**  ***Colocación compartida por partes iguales*** | | | | | | | | | **Primary Physical Placement to**  **Petitioner/**  **Joint Petitioner A**  ***Colocación física principal con la Parte Demandante/***  ***Solicitante Conjunta A*** | | | | | | **Primary Physical Placement to Respondent/**  **Joint Petitioner B**  ***Colocación física principal con la Parte Demandada/***  ***Solicitante Conjunta B*** | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
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| Check 1 or 2. If 1, attach a schedule. If 2, describe how placement will be shared in the chart provided.  *Marque 1 ó 2. Si marcó 1, adjunte un programa. Si marcó 2, describa en la tabla que se proporciona cómo se va a compartir la colocación.* |  | AND the physical placement schedule shall be:  *Y el programa de colocación física de los menores deberá ser:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 1. | as listed in the attached document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | *como se indica en el documento que se adjunta.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 2. | as proposed below (on a biweekly basis): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | *como se propone a continuación (quincenalmente):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | **Mon.**  ***lunes*** | | | | **Tues.**  ***martes*** | | | **Wed.**  ***miércoles*** | | | | | | **Thurs.**  ***jueves*** | | | | **Fri.**  ***viernes*** | | **Sat.**  ***sabado*** | | | | **Sun.**  ***domingo*** | | | |
|  |  |  | Week 1  *Semana 1* | | | |  | | | |  | | |  | | | | | |  | | | |  | |  | | | |  | | | |
|  |  |  | Week 2  *Semana 2* | | | |  | | | |  | | |  | | | | | |  | | | |  | |  | | | |  | | | |
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| If checked, enter reasons.  *Si la marcó, indique los motivos.* |  |  | If either parent is receiving less than 25% placement, the specific reasons more placement with that parent is not in the child’s best interest is as follows:        . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if attachments. *Marque si proporciona anexos.* |  |  | **See attached / *Vea el anexo*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Si uno de los padres recibe una colocación inferior al 25%, las razones específicas por las que una colocación con ese progenitor no responde al interés superior del menor son las siguientes:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | C. | **Summer and Holiday Placement Schedule**  ***Horario de colocación para el verano y días feriados***  The summer and holiday placement schedule should be as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | *El programa de colocación para el verano y para los días feriados deberá ser el siguiente:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 1. | | | as proposed here: / *tal como se propone aquí:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1, 2 or 3.  *Marque 1, 2 ó 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.  *Si marcó 1, escriba en qué año [cada/pares/impares] va a comenzar el programa. Marque qué padre cree Ud. que debería tener a los hijos menores de edad para cada feriado y receso.* |  |  | **Holidays**  ***Días Feriados*** | | | | | | | | | | **With Petitioner/**  **Joint Petitioner A**  **the following years**  ***Con la Parte Demandante/Solicitante Conjunta A***  ***durante los siguientes años*** | | | | | | | | | | | | **With Respondent/**  **Joint Petitioner B**  **the following years**  ***Con la Parte Demandada/Solicitante Conjunta B***  ***durante los siguientes años*** | | | | | | | | |
|  |  | **Every**  **Year**  ***Cada***  ***año*** | | | | **Even**  **Years**  ***Años***  ***pares*** | | | | | **Odd**  **Years**  ***Años***  ***impares*** | | | **Every**  **Year**  ***Cada***  ***año*** | | | **Even**  **Years**  ***Años***  ***pares*** | | | **Odd**  **Years**  ***Años***  ***impares*** | | |
|  |  | a. Mother’s Day / *Día de la Madre* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  | b. Memorial Day / *Día de los Caídos* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  | c. Father’s Day / *Día del Padre* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  | d. July 4th / *4 de Julio* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | e. Labor Day / *Día del Trabajo* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | f. Halloween  *Víspera de Todos los Santos* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | g. Thanksgiving  *Día de Acción de Gracias* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | h. Christmas Eve / *Nochebuena* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | i. Christmas Day / *Navidad* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | j. New Year’s Eve  *Víspera de Año Nuevo* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | k. New Year’s Day  *Día de Año Nuevo* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | l. Religious Holiday  *Feriado religioso* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | m. Religious Holiday  *Feriado religioso* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | n. Petitioner/Joint Petitioner A’s Birthday  *Cumpleaños de la Parte Demandante/Solicitante Conjunta A* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | o. Respondent/Joint Petitioner B’s Birthday / *Cumpleaños de la Parte Demandada/Solicitante Conjunta B* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | p. Children’s Birthday(s)  *Cumpleaños de los hijos* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | q. Other:  *Otro:* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | r. Other:  *Otro:* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | s. School Spring Break  *Receso escolar de primavera* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
|  |  |  | t. School Teacher Conventions  *Congresos de profesores* | | | | | | | | | |  | | | |  | | | | |  | | |  | | |  | | |  | | |
| If 2, write the name of the county whose schedule you are using.  *Si marcó 2, escriba el nombre del condado cuyo programa usa.*  If 3, enter the other schedule.  *Si marcó 3, escriba otro programa.* |  |  | u. Summer Break to be shared as follows:  *El receso de verano deberá repartirse de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | | According to the attached       County standard placement schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *De acuerdo con el horario normal de colocación del condado que se adjunta* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 3. | | | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Otra:* **See attached / *Vea el anexo*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2.  *Marque 1 ó 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%.  *Marque 1 ó 2.*  *Si marcó 2, escriba el nombre del proveedor de cuidado infantil e indique en a y en b el porcentaje que usted propone que cada padre pague para cubrir el costo. El monto total deberá sumar el 100%.* |  | D. | **Child Care / *Cuidado de niños*** | | | | | | | | | | | |  |  | | |  | | | | | | | |  | |  | | | |  |
|  |  | 1. | | | The children do not require child care. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Los hijos menores de edad no requieren cuidado de niños.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | | The child care will be provided by | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *El cuidado de los niños lo proporionará* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **And** the cost of child care will be paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | ***Y*** *el costo del cuidado de niños va a ser pagado de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | a. | | Petitioner/Joint Petitioner A to pay      %. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | *La Parte Demandante/Solicitante Conjunta A deberá pagar el* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | b. | | Respondent/Joint Petitioner B to pay      %. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | *La Parte Demandada/Solicitante Conjunta B deberá pagar el* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | E. | **Transportation Issues / *Asuntos relacionados con el transporte*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Check a, b, c, or d.  *Marque a, b, c o d.* |  |  | 1. | | | The physical transfer of the children for placement should be as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *El traslado físico de los hijos menores de edad para la colocación deberá llevarse a cabo de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | a. | | | All transportation to and from placements will be provided by Petitioner/ Joint Petitioner A. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | *La Parte Demandante/Solicitante Conjunta A proveerá todo el transporte a y de los lugares de colocación.* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | b. | | | All transportation to and from placements will be provided by Respondent/ Joint Petitioner B. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | *La Parte Demandada/Solicitante Conjunta B proveerá todo el transporte a y de los lugares de colocación.* | | | | | | | | | | | | | | | | | | | | | | | | |
| If c, check 1 or 2.  *Si marcó c, marque 1 ó 2.* |  |  |  | | | c. | | | Transportation will be shared with: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *El transporte va a ser compartido con:* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | 1) | | | parent with children shall deliver | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | |  | | | *el padre que tenga a los hijos deberá entregarlos.* | | | | | | | | | | | | | | | | | | | | | |
| If d, enter the other proposal.  *Si marcó d, escriba la otra propuesta*. |  |  |  | | |  | | | 2) | | | parent without children shall pick up. | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | |  | | | *el padre que tenga a los hijos deberá entregarlos.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | d. | | | Other: *Otro:* | | | | | | | | | | | | | | | | | | | | | | | | |
| For 2, check a, b, or c.  *Para 2, marque a, b, c o d.* |  |  | 2. | | | Transfers of children shall take place at: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Los traslados de los hijos deberán llevarse a cabo en:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | a. | | | parent’s home. / *el hogar del padre o de la madre* | | | | | | | | | | | | | | | | | | | | | | | | |
| If b or c, enter the location for the drop-off.  *Si marcó b o c, escriba el lugar donde se entregará al hijo.* |  |  |  | | | b. | | | halfway point: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *un lugar a mitad de camino* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | c. | | | other location: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *en otro lugar* | | | | | | | | | | | | | | | | | | | | | | | | |
| If d, check 1,2,3 or 4. For each enter the requested information.  *Si marcó d, marque 1, 2, 3 ó 4 y escriba la información solicitada .* |  |  |  | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *La agresión con lesiones / violencia doméstica entre los cónyuges es un tema de conflicto en esta relación, y para poder garantizar la seguridad de los hijos y/o del padre/de la madre, los traslados de los hijos entre los padres deberán efectuarse de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | 1) | | | supervised by | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | |  | | | *supervisados por* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | 2) | | | at a neutral public site | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | |  | | | *en un lugar público neutral* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | 3) | | | at a home of the following person | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | |  | | | *en el hogar de la siguiente persona* | | | | | | | | | | | | | | | | | | | | | |
| For 3, check a or b.  If b, enter how you propose the transportation costs should be paid.  *Para 3, marque a o b.*  *Si marcó b, escriba cómo propone usted que se paguen los costos de transporte.* |  |  |  | | |  | | | 4) | | | Other: *Otra :* | | | | | | | | | | | | | | | | | | | | | |
|  |  | 3. | | | Transportation Costs shall be: / *Los costos de transporte deberán ser:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | a. | | | paid by party who incurs the costs. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *pagados por la parte que incurre en los costos.* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | b. | | | paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | *pagados de la siguiente manera* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the name of each child and indicate which school you propose he/she attend.  *Escriba el nombre de cada hijo(a) menor de edad e indique la escuela a la cual usted propone que asista.* |  | F. | **School / *Escolaridad*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | | The children will attend school at:  *Los hijos menores de edad asistirán a la escuela en:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | **Name of Child**  ***Nombre del hijo menor de edad*** | | | | | | | | | | | | **School/ School District**  ***Escuela/Distrito Escolar*** | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Enter the percentage each parent should pay. The total amount must equal 100%.  *Escriba el porcentaje que debería pagar cada padre. El monto total deberá sumar el 100%.*Check a or b. |  |  | 2. | | | Education costs will be paid as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Los costos educativos serán pagados de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | a. | | | | Petitioner/Joint Petitioner A to pay       %. | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | *La Parte Demandante/Solicitante Conjunta A deberá pagar el* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | b. | | | | Respondent/Joint Petitioner B to pay       %. | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | *La Parte Demandada/Solicitante Conjunta B deberá pagar el* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | G. | **Residence / *Residencia*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.  *Marque a ó b.*  *Si marcó a, escriba la dirección donde Ud. tiene la intención de vivir durante los próximos dos años.*  *Si marcó b, escriba su localidad general donde tiene la intención de vivir durante los próximos dos años.* |  |  | 1. | | | **Current / *Actual*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | a. | | | | I currently reside at: / *Yo resido actualmente en* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | Address  *Dirección*  City       State       Zip  *Cuidad* *Estado* *Código Postal* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | b. | | | | This is a domestic violence case; I decline to give a specific address, but my general location is currently       . | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  | | | | *Éste es un caso de violencia doméstica; me niego a dar una dirección específica, pero mi ubicación general actual es* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | c. | | | | The other party resides at: / *La otra parte resido en*  Address  *Dirección*  City       State       Zip  *Cuidad* *Estado* *Código Postal* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 2. | | | **Future / *Futura*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | a. | | | | For the next two years it is my intention to reside at: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | *Mi intención es residir durante los dos próximos años en:* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | Address  *Dirección*  City       State       Zip  *Cuidad* *Estado* *Código Postal* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | 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:        . | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | *Éste es un caso de violencia doméstica; me niego a dar una dirección futura específica, pero tengo la intención de residir generalmente durante los próximos dos años en:* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | H. | **Current Employer / *Empleador actual*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2.  *Marque 1 ó 2.*  If 1, enter your current employer and your general work schedule.  *Si marcó 1, escriba su empleador actual y su horario de trabajo general.* |  |  | 1. | | | I am currently employed at: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Actualmente soy empleado(a) de:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Employer  *Empleador*  City       State       Days/Hrs.  *Ciudad Estado Días/horas* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, enter your general employment.  *Si marcó 2, escriba su empleo general.* |  |  | 2. | | | This is a domestic violence case; I decline to give my specific employment, but where I generally work is       . | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Éste es un caso de violencia doméstica; me niego a dar mi empleo específico, pero el lugar donde trabajo por lo general es:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 3. | | | The other party is currently employed at:  *La otra parte está actualmente empleada por:*  Employer Name  *Nombre de Empleador*  Address  *Dirección*  City       State       Zip  *Ciudad Estado Código Postal* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the name of each provider. If other, enter the description along with the provider name.  *Escriba el nombre de cada proveedor. Si es otro, descríbalo e indique el nombre del proveedor.* |  | I. | Health Care / *Cuidado de salud:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | **Providers:** Healthcare services will be provided to the children by the following:  ***Proveedores:*** *Los**siguientes proveedores van a proveer servicios de cuidado de salud a los hijos menores de edad:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | Doctors/Pediatrician/Clinic  *Doctores / pediatra / clínica*  Eye/Optometrist  *Vista/Optómetra*  Dentist/Orthodontist  *Dentista/Ortodoncista*  Insurance/Health Plan (if any)  *Seguro / Plan de salud (si lo hubiere):*  Other: / *Otro:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | **J.** | **Variable Expenses / Gastos variables** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In J., check all that is applicable. Use “Other” to indicate additional variable expense that is not listed.  *En J., marque todo lo que sea aplicable. Utilice "Otros" para indicar gastos variables adicionales que no figuren en la lista.* |  |  | I expect the child(ren) to incur the following variable costs:  **See attached** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Espero que el/los menores incurra(n) en los siguientes gastos variables: Ver adjunto* | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
| **CHILDCARE / *GUARDERÍA*** | | | | | | | | | | | | | | | | | | | | ***Sí*** | | | | ***No*** | | | ***N/D*** | | | |
| day care / *cuidado durante el día* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| **TRANSPORTATION / *Transporte*** | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
| driver’s education fees / *Tarifas por educación del conductor* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| child’s car insurance / *seguro automotriz del menor* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | child’s vehicle / *vehículo del menor* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | bus pass / *pase del bus* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | **SCHOOL ITEMS /*ÚTILES ESCOLARES*** | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
|  | school supplies/backpack / *mochila para los útiles escolares* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | school fees / *tarifas escolares* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | school lunches / *almuerzos escolares* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | pre-k – 12 parochial/private school tuition / *matrícula para escuela parroquial/privada de pre-k – 12* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | class trips / *viajes escolares* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | letter jacket, class ring, high school graduation expenses / *saco con iniciales, anillo de graduación, gastos de graduación de preparatoria (secundaria)* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | tutoring fees / *tarifas de tutores* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | advanced placement class test fees */ tarifas del examen de ubicación avanzada* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| school pictures (including senior pictures)/yearbooks / *fotos escolares (incluso las fotos del grado superior)/anuarios.* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| prom dress/formalwear (tuxes, tickets/flowers) / *vestido de graduación/gala (smoking, boletos/flores)* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| high school graduation costs / *costos de la graduación de la preparatoria (secundaria)* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| costs of college search - application fees, travel expenses / *costos de la búsqueda de universidad,-tarifas para la solicitud de matrícula/ gastos por viajes.* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| SAT/ACT prep classes/fees / *tarifas de las clases de preparación para el SAT/ACT* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| **CLOTHING / *VESTIMENTA*** | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
| winter coats/boots / *botas/abrigos de invierno* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| school uniforms / *uniformes escolares* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| **ACTIVITIES / RECREATION / *ACTIVIDADES RECREATIVAS*** | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
| extracurricular activities: / *actividades extracurriculares*  fees, lessons, equipment, uniforms, instruments, etc. required for participation / *tarifas, lecciones, equipo, uniformes, instrumentos, etc. requeridos para participar* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| religious activities / *actividades religiosas* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| club/traveling team sports membership fees / *cuotas de afiliación a clubes deportivos y viajes.* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| recreational safety courses and licenses / *licencias y cursos de seguridad recreativa.* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| health club/fitness membership */ afiliación a un gimnasio* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| classes (art, life guarding, etc.) / *clases (arte, salvavidas, etc.)* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| residential summer camp / *campamento residencial de verano* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| music lessons / *lecciones de música* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | **GENERAL LIFESTYLE / *ESTILO DE VIDA*** | | | | | | | | | | | | | | | | | | | | **Yes** | | | | **No** | | | **N/A** | | | |
|  |  |  | Haircuts / *cortes de cabello* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | child’s gifts to others / *regalo que hacen los hijos a otros* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | cell phone and related expenses / *teléfono cellular y gastos relacionados* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | luggage/backpacks / *maletas/mochilas* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | laptops/desktop computer / *laptops/computadora de escritorio* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | computer accessories/software/hardware / *accesorios para computadora/software/hardware* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | game system / *consola de juegos* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | birthday/graduation parties for child / *fiestas de cumpleaños/graduación para el menor.* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  | Other: / *Otro:* | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
|  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2.  *Marque 1 ó 2.*  If 1, enter the name of the religion.  *Si marcó 1, escriba el nombre de la religión.* |  | K. | **Religious Upbringing */ Formación religiosa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | | The minor children will be raised in the following religion: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Los hijos menores de edad deberán ser criados en la siguiente religión:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | | No religious affiliation is planned. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *No se planea ninguna afiliación religiosa.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | L. | **Maintaining Contact with Other Parent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | ***Mantenimiento de contacto con el otro padre*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | I shall assist the children in maintaining contact with the other parent by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | *Ayudaré a los hijos a mantener contacto con el otro padre por medio de:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply in 1-10. If other, enter a description.  *Marque todos los que correspondan del 1 al 10. Si marcó otra, escriba una descripción.* |  |  | 1. | | | direct contact through periods of placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *contacto directo durante los períodos de colocación* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | | telephone contact. / *contacto telefónico* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 3. | | | cards/letters. / *tarjetas/cartas* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 4. | | | e-mail. / *correo electrónico* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 5. | | | providing copies of children’s school projects. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *proporcionar copias de los proyectos escolares de los hijos.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 6. | | | providing photographs of children participating in activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *proporcionar fotografías de los hijos al participar éstos en actividades* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 7. | | | assisting children with gift purchasing for other parent for birthdays and holidays. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *ayudar* *a los hijos a comprarle regalos al otro padre para su cumpleaños y durante feriados* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 8. | | | assisting children with letter writing to other parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *ayudar a los hijos a escribirle cartas al otro padre* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 9. | | | creating personal web-site for posting pictures, letters, information, comments. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *crear un sitio web personal para la colocación de fotografías, cartas, información, comentarios* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 10. | | | Other / *Otra*: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | (**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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | ***(Nota****: Se espera que cada padre asuma la responsabilidad personal de comunicarse con las escuelas para obtener los calendarios de la escuela y los boletines de calificaciones y de asistir a las reuniones entre padres y maestros).* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | M. | **Resolving Disagreements / *Resolución de desacuerdos*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply.  *Marque todos los que correspondan.* |  |  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Si tengo algún desacuerdo con el otro padre en cuanto a decisiones que hay que tomar conjuntamente, la forma de resolver los desacuerdos será* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 1. | | | the parent who has primary physical placement will decide. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *el padre que tiene la colocación física principal va a decidir.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 2. | | | the parent who has physical placement at the time of the disagreement will decide. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *el padre que tiene la colocación física en el momento del desacuerdo va a decidir.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *permitir que el padre que generalmente tomaba este tipo de decisión antes de entablarse esta acción judicial tome el mismo tipo de decisión en el futuro.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 4. | | | to review the issues from the other parent’s or children’s standpoint and reconsider my position. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *estudiar los asuntos desde el punto de vista del otro padre o desde el punto de vista de los hijos y reconsiderar mi postura.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *determinar si mi oposición es de buena fe y si es lo mejor para el bienestar de los hijos o si es un intento de mi parte de fastidiar al otro padre* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *determinar si se trata de una situación en la cual los hijos está(n) tratando de manipular a uno de los padres en contra del otro y, en este caso, consultar al otro padre.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | 7. | | | to ask for assistance from friends, relatives, clergy, or others who can be neutral and fair. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | *pedir ayuda a amigos, parientes, al clero o a otras personas que puedan ser neutrales y justas* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 8, enter the name(s) of the individuals.  *Si marcó 8, escriba el (los) nombre(s) de la(s) persona(s).* |  |  | 8. | | | I would suggest the following person(s) to serve as a third-party neutral(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *Sugiero que la(s) siguiente(s) persona(s) funjan como tercera(s) parte(s) neutral(es):* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 10, enter your suggested method.  *Si marcó 10, escriba el método que sugiere.* |  |  | 9. | | | to contact the family court mediation program. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *comunicar con el programa de mediación del tribunal de lo familiar* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 10. | | | Other / *Otra*: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter the date on which you signed your name.  *Escriba la fecha cuando usted firmó.*  **Note:** This signature does not need to be notarized.  ***Nota:*** *No es necesario notarizar esta firma.*  If plan is being submitted by both parents, each parent must sign on a separate signature block.  *Si el plan es presentado por ambos progenitores, cada uno de ellos deberá firmar en un bloque de firma independiente.* |  |  |  | | |  | | | | | | | ▶  Petitioner/Joint Petitioner A **OR**  Respondent/Joint Petitioner B  *Parte Demandante/Solicitante Conjunta A* ***O*** *Parte Demandada/Solicitante Conjunta B*    Print or Type Name / *Escriba su nombre en letra de molde o a máquina*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Enter the date on which you signed your name.  *Escriba la fecha cuando usted firmó.*  **Note:** This signature does not need to be notarized.  ***Nota:*** *No es necesario notarizar esta firma.* |  |  |  | | |  | | | | | | | ▶  Petitioner/Joint Petitioner A **OR**  Respondent/Joint Petitioner B  *Parte Demandante/Solicitante Conjunta A* ***O*** *Parte Demandada/Solicitante Conjunta B*    Print or Type Name / *Escriba su nombre en letra de molde o a máquina*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | | | | | | | | |
| Check box if lawyer mediators helped complete this form.  *Marque el casillero si el abogado que actúa en calidad de mediador ayudó a completar este formulario.* |  |  |  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | **This document was prepared with the assistance of a lawyer acting as a mediator. *Este documento fue preparado con la asistencia de un abogado en calidad de mediador.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |