

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

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

Mark marriage or paternity. If paternity, enter initials of child.

Enter the name of the Petitioner/Joint Petitioner A.

Enter the name of the Respondent/Joint Petitioner B.

Enter the case number.

STATE OF WISCONSIN, CIRCUIT COURT,
 _____ **COUNTY**

IN RE: THE MARRIAGE PATERNITY OF _____

Petitioner/Joint Petitioner A

 Name (First, Middle and Last)

and

Respondent/Joint Petitioner B

 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/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.
- 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.

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							

If checked, enter reasons.
 Check if attachments.

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:

_____ 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	<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"/>

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

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%.

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: _____

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.

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%.

F. School

1. The children will attend school at:

Name of Child	School/ School District

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

Check a or b. If a, enter the address.
If b, enter your general location.

Check a or b. If a, enter the address at which you intend to live for the next two years. If b, enter the general location of where you intend to live for the next two years.

--	--

2. Education costs will be paid as follows:
 a. Petitioner/Joint Petitioner A to pay _____%.
 b. Respondent/Joint Petitioner B to pay _____%.

G. Residence

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

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.

I. Health Care

- 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: _____

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

J. Variable Expenses

I expect the child(ren) to incur the following variable costs: See attached

CHILDCARE	Yes	No	N/A
day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In J., check all that is applicable. Use "Other" to indicate additional variable expense that is not listed.
--

TRANSPORTATION	Yes	No	N/A
driver's education fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child's car insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child's vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

bus pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL ITEMS	Yes	No	N/A
school supplies/backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school lunches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pre-k – 12 parochial/private school tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
class trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
letter jacket, class ring, high school graduation expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tutoring fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
advanced placement class test fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school pictures (including senior pictures)/yearbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prom dress/formalwear (tuxes, tickets/flowers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high school graduation costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
costs of college search - application fees, travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAT/ACT prep classes/fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLOTHING	Yes	No	N/A
winter coats/boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITIES / RECREATION	Yes	No	N/A
extracurricular activities: fees, lessons, equipment, uniforms, instruments, etc. required for participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
religious activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
club/traveling team sports membership fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recreational safety courses and licenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
health club/fitness membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
classes (art, life guarding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
residential summer camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
music lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL LIFESTYLE	Yes	No	N/A
haircuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child's gifts to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cell phone and related expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
luggage/backpacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laptops/desktop computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
computer accessories/software/hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
game system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
birthday/graduation parties for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

L. Maintaining Contact with Other Parent

I shall assist the children in maintaining contact with the other parent by:

- 1. direct contact through periods of placement.
- 2. telephone contact.
- 3. cards/letters.
- 4. 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.

Check box if a lawyer mediator helped to complete this form.

Petitioner/Joint Petitioner A **OR** Respondent/Joint Petitioner B

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

This document was prepared with the assistance of a lawyer acting as mediator.