



STERLING
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Parenting Plan

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#400
Oshkosh, WI 54901
(920) 479-2058

Parenting Plan Template

PRINT PETITIONER'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

PRINT RESPONDENT'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

THE PURPOSE OF A PARENTING PLAN IS TO HELP YOU THINK CAREFULLY ABOUT THE DETAILS OF YOUR CUSTODY ORDER. YOU CAN DECIDE:

- WHO WILL MAKE WHAT DECISIONS ABOUT THE CHILD(REN)?
- WHO THE CHILD(REN) WILL STAY WITH AND WHEN?
- WHAT FINANCIAL CONTRIBUTIONS SHOULD BE MADE TO SUPPORT THE CHILD(REN)?

NOTE:

IF THE PARENTING ARRANGEMENTS ARE DIFFERENT FOR SOME OF YOUR CHILDREN,
YOU SHOULD WRITE UP A SEPARATE PARENTING PLAN FOR EACH CHILD.

THIS PARENTING PLAN INVOLVES THE FOLLOWING CHILD(REN):

Child's Name	Age	Where does this child live?

IF YOU HAVE CHILDREN NOT ADDRESSED BY THIS PARENTING PLAN, NAME HERE:

Child's Name	Age	Where does this child live?

LEGAL CUSTODY (who makes decisions about certain things)

- | | | | |
|---------------------------|---|-------------------------------------|-------------------------------------|
| Diet | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Religion | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Medical Care | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Mental Health Care | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Discipline | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Choice of School | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Choice of Study | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| School Activities | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| Sports Activities | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____ | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____ | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |
| _____ | <input type="checkbox"/> Both parents decide together | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Respondent |

What process will you use to make decisions?

FOR EXAMPLE – THE PARENT CONFRONTED WITH OR ANTICIPATING THE CHOICE WILL CALL THE OTHER PARENT WHEN THE CHOICE PRESENTS ITSELF AND THE OTHER PARENT MUST AGREE OR DISAGREE WITHIN 24 HOURS OF ANY DEADLINE OR IF IN LESS TIME, THEN BEFORE ANY DEADLINE)

If you cannot agree, which of you will make the final decision?

PHYSICAL CUSTODY (where the child(ren) live)

The child(ren)'s residence is with _____

Describe which days and which times of day the child(ren) will be with each person:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This schedule is every week every two weeks other _____

If not weekly, which of you has the child(ren) the rest of the time? _____

Drop-off

Where? _____

When? (time and day) _____

Pick-up

Where? _____

When? (time and day) _____

If one of you doesn't show up, how long will the other wait? _____

If there are extraordinary costs (taxi, train, plane, etc.) who will pay for which costs?

HOLIDAY VISITATION

HOLIDAY	Where will the child stay in...		
	Year A	Year B	Every Year
Martin Luther King Day			
President's Day			
Easter			
Memorial Day			
4 th of July			
Labor Day			
Yom Kippur			
Rosh Hashanah			
Thanksgiving			
Vacation after Thanksgiving			
Christmas Vacation			
Christmas Day			
Kwanza			
New Year's Eve/Day			
Spring Vacation			
Easter Sunday			
Child's Birthday			
Mother's Day			
Father's Day			
Other holiday: (Chanukah, Passover, Ramadan, etc)			

Summer Vacation:

COMMUNICATION

May parents contact one another? _____

When the child(ren) is/are with the one of you, how may they contact the other parent?

When and how may _____ contact the child? _____

When and how may _____ contact the child, when the child is visiting? _____

CHILD(REN)'S EXPENSES

Expense	Petitioner - amount or %	Respondent – amount or %
Health Insurance Coverage		
Medical Care (including co-pays)		
Dental (braces, fillings, etc.)		
Vision (eyeglasses, contacts, etc.)		
Other Health Care		
Mental Health Care		
Education (tuition, books, fees, etc.)		
Childcare (work-related)		
Other (music lessons, sports equipment, car insurance, etc.)		
Other		
Other		
Other		
Other		
Unexpected Expenses not anticipated at the time of this agreement		

CHILD SUPPORT GUIDELINES

Child support will be paid by Petitioner Respondent

Amount \$ _____ every week every two weeks
 once a month other _____

TAXES (who can take the income tax deduction for the child(ren) each year)

Petitioner can take the deduction in Year A in Year B Every Year

Respondent can take the deduction in Year A in Year B Every Year

Other

COLLEGE (if you send your child(ren) to college)

Petitioner will pay all college tuition, room and board, and books.

Respondent will pay all college tuition, room and board, and books.

Petitioner and Respondent will share expenses for college tuition, room and board, and books.

Petitioner will pay _____ % of the total expenses.

Respondent will pay _____ % of the total expenses.

* these must add up to 100%

Other

OTHER (anything else you want to agree on)