**You must use black ink to fill out this form.**

*Your Name:* _____

*Mailing Address:* _____

_____

*Telephone:* _____ *Message phone:* _____

NOTE: If for any reason you do not wish the other party to know your physical address, you still must provide a mailing address so that the court and the other party can serve you by mail.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____
*City or Town where the Court is located*

_____ )
Plaintiff, )
v. )
)
)
_____ )
Defendant. )
_____ ) *Your* Case No. _____

**PLAN**
**FOR CUSTODY AND VISITATION IN SUPPORT OF**

☐ **COMPLAINT** ☐ **TRIAL/SETTLEMENT BRIEF**
☐ **ANSWER** ☐ **OTHER** _____
☐ **MOTION** ☐ **OPPOSITION FOR** _____

I, _____, propose the following custody and visitation
*(Print your name here)*
plan because it is in our child(ren)'s best interest/s.

## 1. Who is included

**The following child(ren) is/are included in this plan** (The child(ren) listed here must have the same schedule; make a different plan for any child(ren) with a different schedule.)

| Name | Date of Birth |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

☐ **Additional plans are attached for other child(ren)** _____.

**You must use black ink to fill out this form.**

**2. Legal Custody**: *decision making* (*choose one*)

☐ **Joint legal custody:** We can communicate and make joint decisions regarding our child(ren)'s major medical, educational, legal and religious needs.

☐ **Sole legal custody:** Most of the time, we cannot communicate and make joint decisions regarding our child(ren), therefore sole legal custody should be with ☐ Father ☐ Mother.

**3. Physical Custody:** *where children live* (*choose one*)

☐ **Shared Physical Custody**: We can communicate and coordinate with each other to provide for our child(ren)'s physical care on a day-to-day basis. The schedule below should be the shared physical custody schedule for our child(ren).

☐ **Primary Physical Custody**: Our child(ren)'s needs can best be met by primary physical custody being with ☐ Father ☐ Mother and the child(ren) spending time with the other parent according to the schedule below.

☐ **Other Custody Arrangement** as follows: _____

_____

_____

**4. Are your children old enough to go to school?**
☐ **Yes.** *(Skip A. and go to B.)* ☐ **No.** *(Answer A. and B.)*

**A. Schedule before child(ren) is(are) old enough to go to school**
Before reaching school age, the child(ren) should reside with ☐ Father ☐ Mother, except for the following days and times when the child(ren) should reside with or be with the other parent:

**i.** from: _____ to _____
*(Day and time)* *(Day and Time)*
☐ other: _____

_____

_____

***Frequency:***
☐ every week ☐ every other week ☐ every two weeks ☐_____

**ii.** and from: _____ to _____
*(Day and time)* *(Day and Time)*

**You must use black ink to fill out this form.**

☐ other: _____

_____

_____

***Frequency:***
☐ every week ☐ every other week ☐ every two weeks ☐ _____

**B. Schedule <u>after</u> child(ren) is (are) old enough to go to school**
After reaching school age, the child(ren) should reside with ☐ Father ☐ Mother, except for the following days and times when the child(ren) should reside with or be with the other parent:

**i.** from: _____ to _____
*(Day and time)* *(Day and Time)*

☐ other: _____

_____

_____

***Frequency:***
☐ every week ☐ every other week ☐ every two weeks ☐ _____

**ii.** and from: _____ to _____
*(Day and time)* *(Day and Time)*

☐ other: _____

_____

_____

***Frequency:***
☐ every week ☐ every other week ☐ every two weeks ☐ _____

**5. Place for transfer between parents**
The transfer of the child(ren) between parents should take place at the following location(s): _____

_____

_____

_____

**6. Transportation for transfer between parents**

☐ Dad ☐ Mom ☐ Both ☐ Other _____
(*Name of person who will be helping)*
should be responsible for transporting the child(ren).

**You must use black ink to fill out this form.**

Comments: _____

_____

_____

_____

_____

**7. Third party assistance with transfer between parents**

☐ I do not propose assistance with the transfer.
☐ I propose the following third party(ies) to conduct or supervise the transfer:

| ***Name*** | ***Phone*** | ***Conduct*** | ***Supervise*** |
|---|---|---|---|
| _____ | _____ | ☐ | ☐ |
| _____ | _____ | ☐ | ☐ |
| _____ | _____ | ☐ | ☐ |

**8. Safety Concerns**

☐I am ☐ I am not concerned about my safety or the safety of the child(ren) when with the other parent. If there are concerns, I propose the following restrictions:

_____

_____

_____

**9. Out-of-state travel**

(*Choose A or B*)

A. ☐ Father and/or ☐ Mother may <u>not</u> travel out-of-state with our child(ren) during his or her custody or visitation time.

B. ☐ Father and/or ☐ Mother may travel out-of-state with our child(ren) during his or her custody or visitation time ☐without restrictions ☐ with the following restrictions:

_____

_____

_____

_____

**You must use black ink to fill out this form.**

## 10. Vacation, holiday, birthday and special occasion schedule

There should be no change in the **regular schedule (see pages 2-3) during** vacations and holidays unless specifically indicated below. *(Specify whether time will be shared, or with a particular parent in odd, even or every year.)*

| | With Dad | With Mom | Date/time begin and end |
|---|---|---|---|
| Winter vacation | | | |
| Spring vacation | | | |
| Summer vacation | | | |
| Christmas Eve | | | |
| Christmas Day | | | |
| Father's birthday | | | |
| Mother's birthday | | | |
| Child(ren)'s birthday(s) | | | |
| Father's Day | | | |
| Mother's Day | | | |
| | | | |
| | | | |
| | | | |

## 11. Other: _____

_____

_____

☐ _____more pages are attached and incorporated by reference.
*# of pages attached*

_____ _____
*Date* *Your Signature* (In blue ink if possible)

I certify that on _____a copy of this *Custody and Visitation Plan* was ☐ mailed by first class or ☐hand delivered to:
☐ Opposing Party _____ ☐ Opposing Lawyer _____
☐ CSSD/AG ☐ CI ☐ Other_____ Your signature: _____