

LAC COURTE OREILLES TRIBAL COURT

Enter the name of the child/children.

In re the custody/support of: _____

Petitioner

Enter the name and address of the petitioner. (Make sure to enter the mailing AND physical address.)

First Name Full Middle Name Last Name

Mailing Address

Physical Address

City County State Zip Code

And

Respondent

Enter the name and address of the respondent. (Make sure to enter the mailing AND physical address.)

First Name Full Middle Name Last Name

Mailing Address

Physical Address

City County State Zip Code

Proposed Parenting Plan

CC case No. _____

FA case No. _____

Check mother or father.

I am the mother father of the minor children of this case.

I am proposing the following parenting plan:

A. Legal Custody

1. Legal Custody of the minor children shall be as follows:

Enter the name of each child and check who you believe should have legal custody.

Name of child	Date of Birth	Joint legal Custody	Sole Legal Custody to Mother	Sole Legal Custody to Father
_____	_____	<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 who will be making the specific decisions for each subject area in a-d. If other, please specify.

2. Specific Decision Making Authority:

Decisions in the following listed areas will be made as follows:

Decision	Jointly	By mother	By father
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"/>

Check mother or father. Check when you are requesting the right to claim the children as dependents on your federal/state income tax returns.

3. Taxes

Father Mother shall have the right to claim the children as dependent and exemption on federal and state income tax returns on:

- all years
- even years
- odd years
- other: _____

Note: Physical Placement is the right to have a child physically placed with a party.

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:

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 Mother	Primary Physical Placement to Father
_____	<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"/>

And check a or b. If a, attach a schedule. If b, describe how placement will be shared in the chart provided.

AND the physical placement schedule shall be:

- a. as listed in the attached document.
- b. as proposed here (on a biweekly basis):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Week 1							
Week 2							

Check 1, 2 or 3. (Continued on next page.)

If 1, enter the year in which the schedule will begin.

Check which parent you believe should have the children for each holiday and break.

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

If 3, enter the other schedule.

C. Summer and Holiday Placement Schedule: The summer and holiday placement schedule should be as follows:

1. as proposed here:

Holidays	With Mother Every Year	With Father Every Year	Alternating Years To Begin _____
a. Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Memorial Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. July 4 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Labor Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- h. Christmas Eve
- i. Christmas Day
- j. New Year's Eve
- k. New Year's Day
- l. Religious Holiday _____
- m. Religious Holiday _____
- n. Religious Holiday _____
- o. Father's Birthday
- p. Mother's Birthday
- q. Children's Birthday
- r. Other _____
- s. School Spring Break
- t. School Teacher Conventions

u. Summer Break to be shared as follows: _____

2. According to the attached _____ County standard placement schedule.

3. Other: _____

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. The mother to pay _____ %
- b. The father 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 the mother.
 - b. All transportation to and from placements will be provided by the father.
 - c. Transportation will be shared with:
 - 1. Supervised by: _____
 - 2. Halfway point: _____
 - 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.

Check 1 or 2.

F. The noncustodial parent shall be responsible for child support as follows:

Child Support:

- 1. As required by LCO Child Support guidelines.
- 2. According to the attached proposal. **Note:** *If the proposal is different from LCO Child Support guidelines, the reason why it is different must be given.*

G. School:

1. The children will attend school at:

Enter the name of each child and indicate which school you propose he/she attend.

Name of Child	School/School District
_____	_____
_____	_____
_____	_____

Enter the percentage each parent should pay. The total amount must equal 100%.

2. Education costs will be paid as follows:

- a. The mother to pay _____ %.
- b. The father to pay _____ %.

Check a or b. If a, enter the address.

If b, enter your general location.

H. Residence:

1. **Current**

a. I currently reside at:

Address _____
 Address _____
 City _____ State _____ Zip _____

b. This is an inter-spousal battery/domestic violence case; I decline to give a specific address, buy my general location is currently _____

2. **Future**

a. For the next two years it is my intention to reside at:

Address _____
 Address _____
 City _____ State _____ Zip _____

b. This is an inter-spousal battery/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 _____

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.

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

I. Current Employer:

1. I am currently employed at:

Employer: _____ City _____
 State _____ Days/Hours: _____

2. This is an inter-spousal battery/domestic violence case; I decline to give a specific employment but where I generally work is: _____

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: _____

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

2. **Expenses:**

a. Healthcare Insurance for the minor children shall be:

- 1. Paid by me
- 2. Paid by the other parent
- 3. Shared equally by both of us
- 4. Paid as follows: _____
- 5. According to the attached plan.

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.

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

Check 1, 2, 3, 4, 5, 6, 7, 8, 9, or 10. If 8, enter the name(s) of the individuals. If 10, enter your suggested method.

Sign and print your name. Enter the date on which you signed your name. Note: This signature does not need to be notarized.

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.

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
- 3. Cards/letters
- 4. Email
- 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 or holidays
- 8. Assisting children with letter writing to other parent
- 9. Creating personal web-site for posting pictures, letters, information or comments
- 10. Other: _____

(Note: Each parents is expected to take personal responsibility for contacting the schools to obtain school calendars and report cards and attending parent-teacher meetings.)

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. 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. Review the issues from the other parent’s or children’s standpoint and reconsider my position.
- 5. 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, if it is not in good faith or the best interests, reconsider my position.
- 6. Determine whether this is a situation in which the children is/are attempting to manipulate one parent against the other; if it appears to be manipulative, attempt to consult with the other parent to prevent the children from trapping us in this position.
- 7. 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. Contact the family court mediation program.
- 10. Other: _____

Signature

Print or Type Name

Date