



IN THE TLINGIT & HAIDA TRIBAL COURT
JUNEAU, ALASKA

_____))
 Petitioner,)) Docket #: _____
 _____))
 Respondent,))
 _____)

PARENTING 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) _____.

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)
 other: _____

Frequency:

Parenting Plan

CCTHITA Tribal Court
320 W. Willoughby Ave. Suite 300
Juneau, AK 99801
1-800-344-1432/866-532-3558 Fax

every week every other week every two weeks _____

B. Schedule after 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).

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:

<i>Name</i>	<i>Phone</i>	<i>Conduct</i>	<i>Supervise</i>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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 not 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:

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 document was mailed or personally served to the following parties: [] Respondent _____; [] Petitioner _____; [] Other: _____.

 Clerk of the Court
 R=Regular mail; C=Certified, return receipt; P=Personal; I=Interoffice mail; E=Electronic