

**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
- ANSWER
- MOTION
- TRIAL/SETTLEMENT BRIEF
- OTHER \_\_\_\_\_
- OPPOSITION FOR \_\_\_\_\_

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

**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)** \_\_\_\_\_.

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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)

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other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency:**

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).

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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:

<b>Name</b>	<b>Phone</b>	<b>Conduct</b>	<b>Supervise</b>
_____	_____	<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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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.)*

	<u>With Dad</u>	<u>With Mom</u>	<u>Date/time begin and end</u>
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 \_\_\_\_\_  
 CSSD/AG  CI  Other \_\_\_\_\_

Opposing Lawyer \_\_\_\_\_  
Your signature: \_\_\_\_\_