You must use black ink to fill out this form.	
Your Name:	
Ividility Address	
Telephone:Message phone:	
IN THE SUPERIOR COURT FO	
AT	Court is located
)	
Plaintiff,	
vs.	
Defendant.	Vaur Casa Na
)	Your Case No
CUSTODY & VISITATION PLAN FOR	
	,
Because it is in the child(ren)'s best interests Legal Custody (Decision making) Sole L	
Physical Custody (Where the child(ren) sho	ould live(s))
Primary Physical Custody Child(re	n) will live with me
· · · · · · · · · · · · · · · · · · ·	that we have shared physical custody with the
following schedule:	
Uther Custody Arrangement as follo	DWS:
Holidays & Birthdays:	
Weekends:	
Other:	
Safety Concern I am concerned about my sa	
other parent. Therefore, I request that visitation by	·
 Date	Signature
I certify that on a copy of th	e above was mailed or hand delivered to:
☐ Opposing Party ☐ Opposing :Lawyer ☐ Other	
Your Signature:	
CUSTODY & VISITATION PLAN (Short)	Page 1 of SHC-1122 (06/09)