

<p>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

<input type="checkbox"/> CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, _____ (Name: First, Middle, Last) <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant PLAINTIFF(S)/PETITIONER(S), vs. _____ (Name: First, Middle, Last) <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant _____ (Name: First, Middle, Last) <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> and CHILD SUPPORT ENFORCEMENT AGENCY, STATE OF HAWAI'I, DEFENDANT(S)/RESPONDENT(S)	This document was prepared by: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Caretaker/Other* <input type="checkbox"/> Attorney <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent Name _____ Address _____ City, State, Zip Code _____ Telephone Number _____ *Relationship of Caretaker/Other to the child(ren): _____ _____ _____
--	---

I will be relocating to _____ on or about _____.

[If you are relocating, file one plan for before relocation and another plan for after relocation.]

This plan if before relocation This plan is for after relocation.

1. Child(ren): See attached sheet for additional children.

Full Name	Birth Date	Gender	School/Grade	Is Child Protective Services Involved?
Child 1 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 6 _____	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Legal Custody should be awarded to (person(s) making the major decisions, such as, school enrollment, medical, driver's license):

Plaintiff Defendant Jointly to both Plaintiff and Defendant Caretaker

3. Physical Custody should be awarded to (the child(ren) will primarily live with this person):

Plaintiff Defendant Jointly to both Plaintiff and Defendant Caretaker
(State Parenting Time Below)*

*** Joint custody with the child(ren) will be shared between Plaintiff and Defendant as follows** (even if you are suggesting joint custody, you can also use the checklists in Sections 5 and 6):

_____ _____ _____	FOR COURT USE ONLY
-------------------------	---------------------------

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO. 954-8200, FAX 954-8308, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Please call Ho'okele, Family Court's Help Desk, at 954-8290 if you have any questions about how to fill out this form.

4. Special Concerns: (i.e., breast-feeding infant, special needs of child(ren) or disability of either parent:

5. Visitation Schedule: Plaintiff Defendant (*check one*) shall have visitation, which shall commence on _____ (fill in date), as follows:

- Reasonable visitation as agreed to by the parties.
- Every other weekend Every weekend from _____ (day of week) at _____ a.m. p.m. to _____ (day of week) at _____ a.m. p.m.
- Midweek dinner visits on _____ (days of week) from _____ p.m. to _____ p.m. (Note: For Friday and Monday holidays, the child(ren) will stay with the parent who has the child(ren) for that weekend.)

Summer Vacation:

- Should be split as agreed to by Plaintiff and Defendant.
- Plaintiff and Defendant shall each have one-half of the summer vacation with alternate weekends to the other parent. The child(ren) should be returned to the custodial parent at least one (1) week prior to the start of school.
- Other: _____

Christmas and New Year Vacation:

- Should be split as agreed to by Plaintiff and Defendant.
- Plaintiff and Defendant shall each have one-half of the Christmas/New Year vacation.
- Other: _____

Intersession Vacations (Spring Break and Fall Break):

- Each intersession break should be split as agreed to by Plaintiff and Defendant.
- Each intersession break should be alternated yearly between Plaintiff and Defendant.
- Plaintiff and Defendant shall have each have one-half of each intersession break.
- Other: _____

Child(ren)'s Birthday(s):

- The child(ren)'s birthday(s) should be celebrated as agreed to by Plaintiff and Defendant.
- A child's birthday will be spent with the parent who has the child on that day.
- [] Plaintiff [] Defendant should have the child(ren) on the child(ren)'s birthday on even-numbered years. The other parent should have the child(ren) on the child(ren)'s birthday on odd-numbered years.
- Plaintiff and Defendant will share the child(ren) for at least half the day on the child(ren)'s birthday.
- Other: _____

Extensive Visitation (if applicable) should be as follows: _____

Out-of-State Visitation (if applicable) should be as follows: _____

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	PROPOSED PARENTING PLAN	CASE NUMBER FC- CU No.
--	--------------------------------	-------------------------------

6. Detailed Holiday Schedule: Some cases work better if more details are listed. Use this as a checklist. You do not have to fill in everything. Anything that is left blank means that the child will spend the day with the parent who has the child on that day. (Note: For Friday and Monday holidays, the child(ren) will stay with the parent who has the child(ren) for that weekend.)
Check "P" for Plaintiff and "D" for Defendant. An example is shaded in gray below.

Holiday	Time (Put a.m. or p.m.)	Every Year	Even Years	Odd Years
Example Holiday	9 a.m. to 7 p.m.	<input type="checkbox"/> P <input type="checkbox"/> D	<input checked="" type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
New Year's Eve		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
New Year's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Martin Luther King, Jr. Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
President's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Prince Kuhio Day (March 26 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Good Friday		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Memorial Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
King Kamehameha Day (June 11 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Independence Day (July 4 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Statehood Day (Admissions Day)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Labor Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Halloween (October 31 st)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Veterans' Day (November 11 th)		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Thanksgiving Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Christmas Eve		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Christmas Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Mother's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Father's Day		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Plaintiff's Birthday		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Defendant's Birthday		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Other:		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
Other:		<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D

7. Childcare:
These are the arrangements for childcare when I am at work (if you have agreed to joint custody, also state the arrangements of the other parent: _____)

8. Parents covering each other:
 If we cannot care for the child(ren) during a time assigned to us, we will ask the other parent to take care of the child(ren) before we ask anybody else.
 It will be up to each parent who they ask for help during their assigned times.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	PROPOSED PARENTING PLAN	CASE NUMBER FC- CU No.
--	--------------------------------	-------------------------------

9. Transportation:

- The parents will agree to who can transport the child(ren).
- Only the following people can help the parents with transportation: _____

10. Communication and Information Sharing:

- The parent without the child(ren) can call the child(ren): *(check only one)* At reasonable hours OR
 Everyday from _____ a.m. / p.m. to _____ a.m. / p.m.
- E-Mail at this email address: _____ Other: _____
- Parents will share information with each other Parents must get information from the source (e.g., Dr., school).

11. Supervised Visitation/No visitation: Plaintiff Defendant

- Will have supervised visitation with the child(ren)
 at PACT Visitation Center under the supervision of _____
- Will have no visitation.
(State the reason(s) why supervised or suspended visitation is necessary): _____

12. Modifications to the visitation schedule:

- Any additional visitation or changes to the visitation schedule can be agreed upon by the parents/caretaker with at least 24-hour notice.
- If the non-custodial parent fails to arrive at the appointed time, then the custodial parent/caretaker will wait for _____ minutes before considering the visitation cancelled.
- Other: _____

- No modifications allowed except by a court order.

13. Mediation and Solving Disagreements:

- The parties should mediate any unresolved issues or future disagreements at:
 The Mediation Center of the Pacific Other: _____
- Mediation is inappropriate because: Domestic Violence/TRO _____
- Before going to court, the parents will ask the following person to help them solve disagreements

(name, relationship, address, phone number)

14. Counseling: List present counselors for:

Plaintiff: _____ Defendant: _____
Child(ren): _____

Under penalty of perjury, I/we declare that this plan is proposed in good faith and is in the best interest of the child(ren) listed in Section 1.

Signature of Plaintiff's Attorney Date

Signature of Defendant's Attorney Date

Print Name of Plaintiff's Attorney

Print Name of Defendant's Attorney

Plaintiff's Signature Date

Defendant's Signature Date