

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-PA No. _____
--	-----------------------------------

PROPOSED PARENTING PLAN

[] Child Support Enforcement Agency, State of Hawai'i, and

(Name: First, Middle, Last) [] Petitioner [] Respondent
PETITIONER(S)
v.

(Name: First, Middle, Last) [] Petitioner [] Respondent

(Name: First, Middle, Last) [] Petitioner [] Respondent

[] and Child Support Enforcement Agency,
State of Hawai'i,
RESPONDENT(S).

COURT USE ONLY

This document was prepared by:
[] Petitioner, Self-Represented Litigant
[] Respondent, Self-Represented Litigant
[] Caretaker/Other*, Self-Represented Litigant
[] Attorney for [] Petitioner [] Respondent
[] Caretaker/Other

Name _____

Address _____

City, State, Zip Code _____

Telephone/Cell Phone Number _____

E-Mail Address _____

*Relationship of Caretaker/Other to the child(ren): _____

I will be relocating to (City, State) on or about _____.

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

☐ This plan is 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?
			M	F		
Child 1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<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):

☐ Petitioner ☐ Respondent ☐ Jointly to both Petitioner and Respondent ☐ Caretaker

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

☐ Petitioner ☐ Respondent ☐ Jointly to both Petitioner and Respondent ☐ Caretaker
(State Parenting Time Below*)

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

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

5. **Visitation Schedule:** ☐ Petitioner ☐ Respondent (check one) shall have visitation, which shall commence on (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 Petitioner and Respondent.

☐ Petitioner and Respondent 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 Petitioner and Respondent,
☐ Petitioner and Respondent 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 Petitioner and Respondent.
☐ Each intersession break should be alternated yearly between Petitioner and Respondent.
☐ Petitioner and Respondent shall each have one-half of each intersession break.
☐ Other: _____

Child(ren)'s Birthday:

- ☐ The child(ren)'s birthday(s) should be celebrated as agreed to by Petitioner and Respondent.
☐ A child's birthday will be spent with the parent who has the child on that day.
☐ [] Petitioner [] Respondent should have the child(ren) on the child(ren)'s birthday or on even-numbered years. The other parent should have the child(ren) on the child(ren)'s birthday on odd-numbered years.
☐ Petitioner and Respondent 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: _____

- 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(ren) will spend the day with the parent who has the child(ren) 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 Petitioner and "R" for Respondent. An example is shaded in gray below.

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

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.

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., doctor, school).

11. Supervised Visitation/No visitation: ☐ Petitioner ☐ Respondent

- ☐ 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 or caretaker(s) 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/Gun 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:

Petitioner: _____ Respondent: _____
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 Petitioner's Attorney Date

Signature of Respondent's Attorney Date

Print Name of Petitioner's Attorney

Print Name of Respondent's Attorney

Petitioner's Signature Date

Respondent's Signature Date



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax 954-8308, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.