

Name, Address and Phone Number
(If Attorney filing, type Name, Address and Phone Number)

- Plaintiff/Petitioner Defendant/Respondent
- Caretaker/Other*
- Attorney for Plaintiff/Petitioner Defendant/Respondent

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

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

CHILD SUPPORT ENFORCEMENT AGENCY,) FC-____ NO. _____
STATE OF HAWAII,)
) PROPOSED PARENTING PLAN
_____,)
(Name: First Middle Last) Mother Father)
)
Plaintiff(s)/Petitioner(s),)
vs.)
)
_____,)
(Name: First Middle Last) Mother Father Caretaker)
)
_____,)
(Name: First Middle Last) Mother Father Caretaker)
)
 and CHILD SUPPORT ENFORCEMENT AGENCY,)
STATE OF HAWAII,)
)
_____) Defendant(s)/Respondent(s).)

PROPOSED PARENTING PLAN

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 is the plan for before relocation This is the plan for after relocation

1. **CHILD(REN):** See attached sheet for additional children

	Child's Initials	Year of Birth	Gender	School/Grade	Is CPS* 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

*CPS stands for Child Protective Services

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

Mother Father Jointly to Mother and Father Caretaker

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

Mother Father Jointly to Mother and Father Caretaker
(State Parenting Time Below*)

* **Joint custody with the child(ren) will be shared between Mother and Father 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. breastfeeding infant, special needs of child(ren) or disability of either parent):

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

Reasonable visitation as agreed to by parties

Every other weekend Every weekend
from _____ (*day of the week*) at _____ A.M. P.M.
to _____ (*day of the week*) at _____ A.M. P.M.

Midweek dinner visits on _____ (*day of the 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 Father and Mother

Father and Mother shall each have one-half (1/2) 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 Father and Mother

Father and Mother shall each have one-half (1/2) of the Christmas/New Year vacation.

Other:

Intersession Vacations (Spring Break and Fall Break):

- Each intersession break should be split as agreed to by Father and Mother.
- Each intersession break should be alternated yearly between Father and Mother.
- Father and Mother shall each have one-half (1/2) of each intersession break.
- Other:

Child(ren)'s Birthday:

- The child(ren)'s birthday(s) should be celebrated as agreed to by Father and Mother.
- A child's birthday will be spent with the parent who has the child on that day.
- Father Mother 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.
- Father and Mother 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 "M" for Mother and "F" for Father.

Holiday	Time (Put a.m. or p.m.)	Every Year	Even Years	Odd Years
New Year's Eve		[]M []F	[]M []F	[]M []F
New Year's Day		[]M []F	[]M []F	[]M []F
Martin Luther King, Jr. Day	<i>MONDAY HOLIDAY (see above note)</i>			
President's Day	<i>MONDAY HOLIDAY (see above note)</i>			
Prince Kuhio Day (March 26 th)		[]M []F	[]M []F	[]M []F
Good Friday	<i>FRIDAY HOLIDAY (see above note)</i>			
Memorial Day	<i>MONDAY HOLIDAY (see above note)</i>			
King Kamehameha Day (June 11 th)		[]M []F	[]M []F	[]M []F
Independence Day (July 4 th)		[]M []F	[]M []F	[]M []F
Statehood Day (Admissions Day)	<i>FRIDAY HOLIDAY (see above note)</i>			
Labor Day	<i>MONDAY HOLIDAY (see above note)</i>			
Veterans' Day (November 11 th)		[]M []F	[]M []F	[]M []F
Thanksgiving Day		[]M []F	[]M []F	[]M []F
Christmas Eve		[]M []F	[]M []F	[]M []F
Christmas Day		[]M []F	[]M []F	[]M []F
Mother's Day		[]M []F	[]M []F	[]M []F
Father's Day		[]M []F	[]M []F	[]M []F
Mother's Birthday		[]M []F	[]M []F	[]M []F
Father's Birthday		[]M []F	[]M []F	[]M []F
Halloween (October 31 st)		[]M []F	[]M []F	[]M []F
Other:		[]M []F	[]M []F	[]M []F
Other:		[]M []F	[]M []F	[]M []F

7. **Childcare:**

These are the arrangements for childcare when I am at work (if you 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) shall call the child(ren) (*check only one*)

At reasonable hours OR

Every day from _____ [] a.m. [] p.m. to _____ [] a.m. [] p.m.

Email 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:** Father Mother

Will have Supervised visitation with the child(ren) at:

PACT Visitation Center

Under the supervision of:

Will have no visitation *(State the reason 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 to this order.

13. **Mediation and Solving Disagreements:**

The parties should mediate any unresolved issues or further disagreements at:

The Mediation Center of the Pacific

Other: _____

Mediation is inappropriate because:

Domestic Violence/TRO

Other: _____

Before going to court, the parents will ask the following person to help them solve disagreements:

(name and relationship)

(address and phone number)

14. **Counseling:**

List present counselors for:

[] Mother: _____

[] Father: _____

[] 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.

Print Attorney's Name

Party's Signature Date

Attorney's Signature Date

Party's Signature Date