You must use black ink to fill out this form.	
Father's Name:	
Mailing Address:	
Telephone:Message phone:	
Mother's Name:	
Mailing Address:	
Telephone:Message phone:	
IN THE SUPERIOR COURT I	FOR THE STATE OF ALASKA
City or Town where	the Court is located
)
Plaintiff,)
V.)
)
)
Defendant.)
	_) Your Case No
_	NT & ORDER AND VISITATION
We, and	, agree to the
	mother's name here)
following custody and visitation plan because i	t is in our child(ren)'s best interests.
1. The following child(ren) is/are include the same schedule; make a different plan for all	ed in this plan (The child(ren) listed here must have ny child(ren) with a different schedule.)
Name	Date of Birth

You n	You must use black ink to fill out this form.				
2.	Legal Custody: decision making (choose 1)				
	Joint legal custody : Both parents will share responsibility to make major decisions about the child(ren) (medical, educational, legal and religious needs).				
	Sole legal custody :				
3.	Physical Custody: where children live (choose 1)				
	Shared Physical Custody : The parents will have 2 homes for the child(ren) and communicate with each other to provide for the child(ren)'s physical care. Each parent will have the children for at least 30% of the year (110 overnights). The schedule below in No. 4 will be the shared physical custody schedule for the child(ren).				
	Primary Physical Custody : Father Mother will have primary physical custody. The child(ren) will live with this parent for over 70% of the year (256+ overnights) and will spend time with the other parent according to the schedule below in No. 4.				
	Other Arrangement:				
 4. Are your children old enough to go to school? Yes (go to B) No (answer A and B) A. Schedule before child(ren) is(are) old enough to go to school: the child(ren) will live with Father Mother, except for the following days and times when the child(ren) will live with or be with the other parent: 					
i.	from: to				
	(Day and time) (Day and Time) Other:				
Frequ	nency: ☐ every week ☐ every other week ☐ every 2 weeks ☐				
ii.	and from: to				
Frequency: every week every other week every 2 weeks .					
	Schedule <u>after</u> child(ren) is (are) old enough to go to school: the child(ren) we with \square Father \square Mother except for the following days and times when the ren) will live with or be with the other parent:				

i. from:	to						
(Day and time) other:		(Day and Time)					
Frequency: every week	every other week	every 2 weeks					
ii. from:	to	(Day and Time)					
other:							
Frequency: every week		every 2 weeks					
5. Place for transferring th	ne child(ren): The	parents will transfer	the child(ren) to each				
other at the following location(s)	:						
6. Transportation & costs for visitation: Dad Mom Both will transport the child(ren) for visitation. (name of person) Dad Mom Both will pay the costs for transportation. Comments:							
7. Third party help with the transfer of the children between the parents							
Name	Phone	Transfer	Supervise				
8. Out-of-state travel (Choo	ose A or B)						
A.		of-state with the chil	d(ren) during his or				
B. Father and/or Mother custody or visitation time							
CUSTODY AND VISITATION A		·	Page 3 of 5 SHC-1126 (01/11)				

You must use black ink to fill out this form.

You must use black ink to fill out this form.					
9. Vacation, holida	•	•			
<u> </u>	ally stated belo	ow. (State wheth	pages 2-3) during vacations and er time will be shared, or with a		
	With Dad	With Mom	Date/time begin and end		
Winter vacation					
Spring vacation					
Summer vacation					
Christmas Eve					
Christmas Day					
Father's birthday					
Mother's birthday					
Father's Day					
Mother's Day					
Child(ren)'s birthday(s)					
10. Permanent Fund	Dividend:				
	ually with 🗌 Fa		oplying for the next PFD.		
The child(ren)'s PFD mor used for the childe saved in a bank a Other:	(ren)'s living ex ccount. Both p	arents will have a	ccess to all account statements.		
11. Federal taxes: his/her income taxes			child(ren) as a dependent on		

You must use black ink to	ofill out this form	m.	
12. Other:			
more pages a # of pages attached	re attached and i	ncorporated by reference.	
This agreement can only be	e changed by bot	h parties in writing AND with o	court approval.
I swear or affirm that the ab	ove is true to the	e best of my knowledge.	
	Pla	intiff's Signature (In blue ink if po	ssible)
Subscribed and sworn to or affirm	ned before me at	Name of City, Town or Village	_, Alaska on
		Name of City, Town or Village	Date
		ublic or other person authorized to a	
	**	*****	
I swear or affirm that the ab	ove is true to the	e best of my knowledge.	
Date	Dei	fendant's Signature (In blue ink if	possible)
Subscribed and sworn to or affirm	ned before me at		, Alaska on
		Name of City, Town or Village	Date
		ublic or other person authorized to a	
********	******	********	******
	<u>0</u>	ORDER	
IT IS ORDERED that the all child(ren) of these parties.	oove agreement s	shall be the custody and visita	ation order for the
Date		Superior Court Judge	
I certify that onrecord:		of the above was mailed to each of the fo	ollowing at their addresses of
Deputy Clerk / Secretary			