



**Rule 17.200—Form 230: Proposed Parenting Plan**

**Use this form if** you and your spouse **do not** agree to all child custody and visitation arrangements.

**Do not use this form if** both spouses agree to everything in this plan. Instead, use form 229 to tell the court what you both want your plan to be.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Case no. \_\_\_\_\_

**Proposed Parenting Plan**

I am

*Check A. or B.*

- A.  Petitioner
- B.  Respondent

**1. Information for the court**

A. **Children** *List all children born to or adopted by Petitioner and Respondent.*

First, middle, & last initials of each child	Present age	Gender		School	Grade
		M	F		
(1)		<input type="checkbox"/>	<input type="checkbox"/>		
(2)		<input type="checkbox"/>	<input type="checkbox"/>		
(3)		<input type="checkbox"/>	<input type="checkbox"/>		
(4)		<input type="checkbox"/>	<input type="checkbox"/>		
(5)		<input type="checkbox"/>	<input type="checkbox"/>		
(6)		<input type="checkbox"/>	<input type="checkbox"/>		

*Check this box if you are attaching a separate sheet listing additional children.*

B. **Information about the children** *Check each that is true*

- (1)  The children listed in A. are the only children born to or adopted by these parents.
- (2)  One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

**C. Special concerns about the children**

*Check each that is true*

- (1)  Breastfeeding infant
- (2)  Child with a disability
- (3)  Other *Explain*

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**D. Information about the parents**

*Check each that is true*

- (1)  Petitioner receives public assistance, Title XIX, or FIP.
- (2)  Respondent receives public assistance, Title XIX, or FIP.
- (3)  Petitioner plans to move within the next year.
- (4)  Respondent plans to move within the next year.
- (5)  This is the Parenting Plan for before the move.
- (6)  This is the Parenting Plan for after the move.

**E. Special concerns about the parents**

*Check each that is true*

- (1)  Petitioner has an alcohol or drug problem.
- (2)  Respondent has an alcohol or drug problem.
- (3)  Petitioner does not have a driver's license.
- (4)  Respondent does not have a driver's license.
- (5)  Petitioner's home environment is not suitable. *Explain in 11.*
- (6)  Respondent's home environment is not suitable. *Explain in 11.*
- (7)  Petitioner is in jail or a mental health institution. *Explain in 11.*
- (8)  Respondent is in jail or a mental health institution. *Explain in 11.*
- (9)  Petitioner is protected under a Domestic Abuse Protective Order. *Explain in 11.*
- (10)  Respondent is protected under a Domestic Abuse Protective Order. *Explain in 11.*
- (11)  *Explain:*

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## 2. Plan

### A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

### B. Legal custody should be

*Check only one of (1), (2), (3), or (4)*

- (1)  Joint legal custody to both parents
- (2)  To Petitioner
- (3)  To Respondent
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

### C. Physical care should be

*Check only one of (1), (2), (3), or (4)*

- (1)  To Petitioner *If you check (1), use 2.D. for Respondent's visitation.*
- (2)  To Respondent *If you check (2), use 2.D. for Petitioner's visitation.*
- (3)  Joint physical care to both parents *If you check (3), use 2.E. to explain the joint physical care schedule.*
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

### D. Regular visitation schedule

*Use D only if one parent will have physical care. **If the parents will have joint physical care, then skip this section and complete section E. instead.** This is the visitation schedule for the other parent to see the children.*

#### (1) Visitation for

*Check a. or b.*

- a.  Petitioner
- b.  Respondent

#### (2) Visitation permission

*Check a., b., or c.*

- a.  Visitation should not be allowed because:

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- b.  Visitation should be supervised because:

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The supervisor for visitation should be \_\_\_\_\_  
*Supervisor's full name: first, middle last*

c.  Regular unsupervised visitation schedule as the parents agree:

*Check all that apply*

i.  Reasonable visitation as the parents agree.

ii.  Mid-week visitation on these days:

M Tu W Th F From  a.m.  a.m.  
      p.m. \_\_\_\_\_ to \_\_\_\_\_  p.m.

iii.  Every weekend  a.m.  a.m.  
From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

iv.  Every other weekend  a.m.  a.m.  
From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

v.  Other *Describe*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

vi. Visitation will start on \_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*

E. Joint physical care plan

*Use E. only if both Petitioner and Respondent will have joint physical care. If one parent will have physical care with the other parent having visitation, then skip this section and complete section D. instead.*

(1) Explain how Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Explain how the children's time will be divided between Petitioner and Respondent: *You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Explain how the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Explain how Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children’s age and development):

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(5) Other issues:

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**F. Other custody and visitation issues**

*All parents should complete section F. regardless of physical care plan.*

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

*P = Petitioner      R=Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year’s Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year’s Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martin Luther King, Jr. Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President’s Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day <i>July 4th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans’ Day <i>November 11th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother’s Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father’s Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petitioner’s Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent’s Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Halloween <i>October 31st</i>	:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other: <i>Describe</i>	:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other: <i>Describe</i>	:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

(2) Special rules for holidays

Check a., b., or c.

- a.  If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- b.  If a holiday falls on a Monday or a Friday, the weekend schedule in 2.D(2)c. will continue.
- c.  The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
- d.  Other *Explain*

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(3) Summer

Check a., b., c., or d.

- a.  Summer school vacation will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
- c.  The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d.  Other *Explain*

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(4) Winter school holiday

Check a., b., or c.

- a.  Winter school holidays will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c.  Other *Explain*

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(5) Spring school break

Check a., b., c., or d.

- a.  Spring school break will be divided as Petitioner and Respondent agree.
- b.  Spring school break will be alternated every other year between Petitioner and Respondent.
- c.  Petitioner and Respondent will each have one-half of each spring school break.
- d.  Other *Explain*

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(6) The children's birthdays

Check a., b., c., d., or e.

- a.  Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b.  A child's birthday will be spent with the parent who has the child on that day.
- c.  Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d.  Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e.  Other *Explain*

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(7) Pick up and drop off

Check each that applies

- a.  The parents will agree about pick up and drop off for each visit.
- b.  The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.

- c.  Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help:

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- d.  Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): *Explain*

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(8) The parent without the children may contact the children by

*Check each that applies*

- a.  Calling the children

*Check i. or ii.*

- i.  At reasonable hours
- ii.  Any day from \_\_\_\_\_  a.m. \_\_\_\_\_  a.m.  
 p.m. to \_\_\_\_\_  p.m.

Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone number where children can be contacted*

- b.  Emailing the children at this address: \_\_\_\_\_  
*Email where children can be contacted*

- c.  Other *Explain*

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(9) Changes to the schedule

*Check each that applies*

- a.  The parties may agree to additional visitation or changes to the schedule.
- b.  If one parent fails to arrive at the appointed time, then the other parent will wait for at least \_\_\_\_\_ minutes before cancelling the visit.
- c.  No changes allowed except by a court order.
- d.  Other *Explain*

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(10) Resolving disagreements

Check a. or b.

Before going to court to resolve disagreements, Petitioner and Respondent will

- a.  Ask the following person to help them resolve disagreements:

_____	_____	(_____) _____
<i>Name</i>	<i>Relationship to parties</i>	<i>Phone number</i>
_____	_____	_____
<i>Present street address</i>	<i>City</i>	<i>State</i> <i>ZIP code</i>

- b.  Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

***Continued on next page***

### 3. Attorney help

Check A. or B.

- A.  An attorney did not help me prepare or fill in this form.
- B.  An attorney helped me prepare or fill in this form.

If you check B., you must fill in the following information:

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address*

### 4. Certification of service by mailing or delivery

Section 4 to be completed only if submitting a paper form to the clerk of court for filing or if the other party is excused from electronic filing.

This document will automatically be served on registered parties.

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Proposed Parenting Plan to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

### 5. Oath and signature

This Proposed Parenting Plan addresses all custody and visitation issues in our divorce. I want the court to approve this Proposed Parenting Plan and make it a part of the final Decree.

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Proposed Parenting Plan, and I agree with the Plan and the information. I ask the court to adopt this Proposed Parenting Plan.

\_\_\_\_\_, 20\_\_\_\_  
*Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

\* This form may be signed either by using a digitized signature, see instructions at [www.iowacourts.gov/for-the-public/court-forms/](http://www.iowacourts.gov/for-the-public/court-forms/), or by printing and hand signing.