

**Rule 17.400—Form 430: Proposed Parenting Plan**

Use this form if you and the other parent **do not** agree to all child custody and visitation arrangements.

**Do not use this form if** both parents agree to everything in this plan. Instead, use form 429 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 you are filing this Parenting Plan*

**Upon the Petition of**

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

and concerning

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

Equity case no. \_\_\_\_\_

**Proposed Parenting Plan**

*Check one*

- Petitioner  
 Respondent

I am

*Check one*

- 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**

- (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 all that are true*

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

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**D. Information about the parents**

*Check all that are 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 all that are 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 one*

- (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 one*

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

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

***Continued on next page***

**D. Regular Visitation Schedule**

Use D only if one parent will have physical care. This is the visitation schedule for the other parent to see the children.

If the parents will have joint physical care, then skip this section and complete section E instead.

(1) Visitation for

Check one

- a.  Petitioner
- b.  Respondent

(2) Visitation permission

Check a, b, or c.

- a.  Visitation should not be allowed because:

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

- b.  Visitation should be supervised because:

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

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. 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 having visitation, then skip this section and complete section D instead.*

- (1) 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.*

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- (2) How the children's time will be divided between Petitioner and Respondent:

*Also use section F for holidays, school breaks, birthdays, and other issues.*

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

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- (4) 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 Considerations**

*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 one*

- a.  If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b.  If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c.  Other *Explain*

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(3) Summer *Check one*

- 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 one*

- 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 one*

- 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 all that apply*

- 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 all that apply*

- 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 all that apply*

- a.  Calling the children

*Check one*

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

Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone no. 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 all that apply*

- 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 one*

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 one

A.  An attorney did not help me prepare or fill in this paper.

B.  An attorney helped me prepare or fill in this paper.

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

\_\_\_\_\_  
Name of attorney or organization, if any Attorney's PIN – Ask the Attorney

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

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional

### 4. Certification of Service by Mailing or Delivery

Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, 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 Motion 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

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

to the laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct. I ask the court to grant this Motion.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
Month Day Year Your signature\*

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

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

\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.