

**You must use black ink to fill out this form.**

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_  
City or Town where the Court is located

\_\_\_\_\_  
Plaintiff,  
v.  
\_\_\_\_\_  
Defendant.

Your Case No. \_\_\_\_\_

**AGREEMENT & ORDER  
FOR CUSTODY AND VISITATION**

We, \_\_\_\_\_ and \_\_\_\_\_, agree to the  
(Print father's name here) (Print mother's name here)

following custody and visitation plan because it is in our child(ren)'s best interests.

1. **The following child(ren) is/are included in this plan** (The child(ren) listed here must have the same schedule; make a different plan for any child(ren) with a different schedule.)

Name	Date of Birth

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**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:**  Father  Mother will be responsible to make major decisions about the child(ren) (medical, educational, legal and religious needs).

**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: \_\_\_\_\_
- 

**Frequency:**  every week  every other week  every 2 weeks  \_\_\_\_\_

- ii. and from: \_\_\_\_\_ to \_\_\_\_\_  
(Day and time) (Day and Time)
- other: \_\_\_\_\_
- 

**Frequency:**  every week  every other week  every 2 weeks  \_\_\_\_\_

**B. Schedule after 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:

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i. from: \_\_\_\_\_ to \_\_\_\_\_  
(Day and time) (Day and Time)  
 other: \_\_\_\_\_

**Frequency:**  every week  every other week  every 2 weeks  \_\_\_\_\_

ii. from: \_\_\_\_\_ to \_\_\_\_\_  
(Day and time) (Day and Time)  
 other: \_\_\_\_\_

**Frequency:**  every week  every other week  every 2 weeks  \_\_\_\_\_

**5. Place for transferring the 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**

- We do not want help with the transfer.
- The following third party(ies) will help to transfer or supervise the exchange:

<b>Name</b>	<b>Phone</b>	<b>Transfer</b>	<b>Supervise</b>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**8. Out-of-state travel** (Choose A or B)

A.  Father and/or  Mother may not travel out-of-state with the child(ren) during his or her custody or visitation time.

B.  Father and/or  Mother may travel out-of-state with the child(ren) during his or her custody or visitation time  without restrictions  with the following restrictions:

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**9. Vacation, holiday, birthday and special occasion schedule**

There will be no change in the **regular schedule (see pages 2-3)** during vacations and holidays unless specifically stated below. *(State whether time will be shared, or with a particular parent in odd, even or every year.)*

	<u>With Dad</u>	<u>With Mom</u>	<u>Date/time begin and end</u>
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:**

- Father  Mother
  - will apply for the child(ren)'s PFD every year.
  - will alternate annually with  Father  Mother applying for the next PFD.

The child(ren)'s PFD monies will be:

- used for the child(ren)'s living expenses.
- saved in a bank account. Both parents will have access to all account statements.
- Other: \_\_\_\_\_

**11. Federal taxes:**  Father  Mother will claim the child(ren) as a dependent on his/her income taxes  each year  alternating years.

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12. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ more pages are attached and incorporated by reference.  
# of pages attached

This agreement can only be changed by both parties in writing AND with court approval.

I swear or affirm that the above is true to the best of my knowledge.

\_\_\_\_\_  
**Plaintiff's** Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_  
Name of City, Town or Village Date

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

\*\*\*\*\*

I swear or affirm that the above is true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Defendant's** Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_  
Name of City, Town or Village Date

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

\*\*\*\*\*

**ORDER**

IT IS ORDERED that the above agreement shall be the custody and visitation order for the child(ren) of these parties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superior Court Judge

I certify that on \_\_\_\_\_ a copy of the above was mailed to each of the following at their addresses of record: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk / Secretary