

Rule 17.200—Form 229: Agreed Parenting Plan

Use this form if both spouses agree to everything in the plan regarding child custody and visitation.

Do not use this form if you and your spouse **do not** agree to all child custody and visitation arrangements. Instead, use form 230 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

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. _____

Agreed Parenting Plan

1. Information for the Court

- A. The parties agree to this plan.
- B. 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 sheet listing additional children.

C. Information about the children

Check all that are true

- (1) The children listed in B 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.*

Continued on next page

- (3) There are children of Petitioner or Respondent not listed in B. *Explain*
- *If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.*
 - *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.*
-
-

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 D(12) to explain the joint physical care schedule.*
- (4) To other person _____

Full name of other person: first, middle, last

D. Visitation

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

(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. 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

(3) Detailed holiday schedule

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

Note: 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"/>

(4) 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 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. 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* _____

Continued on next page

(5) 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* _____

(6) 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* _____

(7) 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* _____

(8) The children's birthdays

Check one

- 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* _____

(9) 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 persons are permitted to help: _____

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

(10) 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. _____ 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* _____

(11) 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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(12) Joint physical care plan

Use only if both Petitioner and Respondent are given joint physical care.

- a. 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.*

- b. 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.*

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

- d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):

- e. Other issues:

(13) 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.*

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3. Attorney Help

Check one

A. Petitioner

- (1) An attorney did not help me prepare or fill in this paper.
- (2) An attorney helped me prepare or fill in this paper.

If you check (2), you must fill in the following information:

<i>Name of attorney or organization, if any</i>	<i>Attorney's P.I.N. # – Ask the attorney</i>		
<i>Business address of attorney or organization</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
() _____ <i>Attorney's phone number</i>	() _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	

B. Respondent

- (1) An attorney did not help me prepare or fill in this paper.
- (2) An attorney helped me prepare or fill in this paper.

If you check (2), you must fill in the following information:

<i>Name of attorney or organization, if any</i>	<i>Attorney's P.I.N. # – Ask the attorney</i>		
<i>Business address of attorney or organization</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
() _____ <i>Attorney's phone number</i>	() _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	

4. Oaths and Signatures

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

A. Petitioner's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Petitioner's name

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

_____, 20____
Month Day Year *Petitioner's 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.

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B. Respondent's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Respondent's name

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

_____, 20_____
*Month Day Year Respondent's 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.*