

PROPOSED PARENTAL RESPONSIBILITY PLAN

JD-FM-199 Rev. 3-14
C.G.S. Sec. 46b-56a

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Instructions

If there is a dispute in Superior Court between the parents about the child (ren)'s custody, care, education and upbringing, this form must be completed and filed with the court on or before the case management date, if applicable, or, as otherwise ordered by the court. Attach additional sheets if necessary.

Judicial District of	At (Town)	Docket number
Plaintiff's name (Last, First, Middle Initial)		Defendant's name (Last, First, Middle Initial)

It is proposed that:

1) The physical residence of the child(ren) will be according to the following schedule:

2) Decision-making about the child(ren)'s health, education and religious upbringing will be allocated to the parent(s) as follows:

3) Future disputes between the parents will be resolved in the following manner *(include, where appropriate, the involvement of a mental health professional or other parties to help reach a developmentally appropriate resolution to such disputes)*:

4) Failure of either parent to honor his or her responsibilities under the plan will be dealt with in the following manner:

5) The changing needs of the child(ren) as the child(ren) grow and mature will be dealt with in the following manner:

6) Other:

The child(ren)'s exposure to harmful parental conflict will be minimized; the parents will, in appropriate circumstances, meet their responsibilities through agreements; and both parents will protect the best interests of the child(ren).

Signature of party ▶	Date signed	Signature of attorney (if applicable) ▶	Date signed
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Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (Signature of filer) ▶	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number