LA CROSSE COUNTY
Exceptional services. Extraordinary place.

LA CROSSE COUNTY CHILD SUPPORT AGENCY
333 VINE STREET, ROOM 1701
LA CROSSE, WI 54601
PHONE (414) 615-2594
FAX (608) 785-5760

Placement/Visitation Schedule

Parent 1 Name: _____ Parent 2 Name: _____

Child/Children's Names: _____

Child Support Specialist Name: _____

Please X which overnights the child spends with each parent. Utilize second week if two week placement schedule is being exercised.

If some other arrangement is exercised, indicate the **total number of overnights** each parent has annually below.

	Parent 1		Parent 2	
	Week 1	Week2	Week 1	Week2
M	_____	_____	_____	_____
T	_____	_____	_____	_____
W	_____	_____	_____	_____
H	_____	_____	_____	_____
F	_____	_____	_____	_____
Sa	_____	_____	_____	_____
Su	_____	_____	_____	_____
Total	_____		_____	

**If a one week schedule, multiply each total by 52 and enter below. If two week schedule, multiply by 26 and enter total below. The annual # of days must equal 365.

Total Parent 1_____ (+) plus Total Parent 2 _____ = 365 days

Specify any visitation related to holidays and summer:

Holidays: _____

Summer visitation: _____

If placement/visitation is court ordered is the order being followed? Y___N___

Explain if No: _____

_____

_____

Person completing this form: _____
Signature Date