

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City                                  State                                  Zip                                  Daytime Phone Number
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	-VS- <b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City                                  State                                  Zip                                  Daytime Phone Number
Enter the original case number at the far right.	Case No. _____
Check if the State of WI is a party or not. If you are unsure, you may call your local Child Support Agency.	<input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.

**Motion for Temporary  
Deployment Custody  
and/or Placement Order**

**MOTION**

Enter name of parent being deployed.
Check box indicating whether parent has been deployed.

1. \_\_\_\_\_ has received a notice of deployment for period of between 30 days and 18 months.
2. This motion  is  is not being filed before that parent is deployed.
3. The parties have been unable to reach an agreement as to how custodial and/or placement rights will be exercised during the deployment.

Check box and enter temporary custodial responsibilities you are asking the court to order, if applicable.
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4. I am requesting that the court enter an order granting temporary:
  - A. custodial responsibilities during the deployment, as follows:  
\_\_\_\_\_  See attached

Check box and enter temporary physical placement responsibilities you are asking the court to order, if applicable.
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- B. placement responsibilities during the deployment, as follows:  
\_\_\_\_\_  See attached

Check box and enter temporary visitation rights you are asking the court to enter, if applicable.
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- C. visitation rights during the deployment, as follows:  
\_\_\_\_\_  See attached

Enter the type of contact between the deployed parent and child(ren) that you are asking the court to order during deployment, including electronic communication.
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5. I request the following contact with the minor child(ren) during deployment:  
\_\_\_\_\_  See attached

Check box 6 if no child support is currently being paid and you request an amount to be ordered. Check box 1 or 2 to indicate the amount of support being requested.
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- 6. Child Support
  - A. There is no child support currently being paid to support the minor child(ren). I request that the court enter a temporary order for child support during deployment:
    - 1) based on state child support standards determined by the court.
    - 2) a set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.

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Check box B if you are asking for the current child support order to be modified. Enter applicable details about the current order.

Enter the date you are requesting the new child support order to start and who you request should pay and receive support. Check box a, b, or c to indicate the new amount being requested.

Check 1 or 2, indicate deviation information.

Enter date the current child support order was entered.

- B. I request that the Court modify the existing child support obligation during deployment.
- 1) The current child support order is \$\_\_\_\_\_ per \_\_\_\_\_ that  
 a. does not include a deviation for health insurance or any other reason.  
 b. does include a deviation of \$ \_\_\_\_\_  
 upward  downward for health insurance.
  - 2) To a new amount beginning \_\_\_\_\_ to be paid by [Parent] \_\_\_\_\_ to [Parent] \_\_\_\_\_  
 a. based on state child support standards determined by the court.  
 b. a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.  
 c. held open (no payment).

I request that this new amount

1. not include a deviation for health insurance or any other reason.  
 2. include a deviation of \$ \_\_\_\_\_  upward  downward as a cash contribution for health insurance.
- 3) The court Order that I am asking to be modified was dated \_\_\_\_\_.

**NOTICE: Both parties must bring a fully completed, dated, and signed Financial Disclosure Statement (FA-4139V) form to court.**

7. A completed Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Affidavit (GF-150) form is filed with this motion.

Sign and print your name.

Enter the date on which you signed your name.

**NOTE:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)