

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>
Check paternity or marriage. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____
Enter the name, address, and daytime phone number for the Petitioner or for Joint Petitioner A.	<b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last)
On the far right, enter the original case number.	Current Mailing Address _____ City State Zip Daytime phone number
Enter the name, address, and daytime phone number for the Respondent or for Joint Petitioner B.	-VS- <b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) Current Mailing Address _____ City State Zip Daytime phone number

**Notice of Hearing and  
Motion to Enforce  
Physical Placement Order**

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

Enter the name of the other (non-moving) party.

**NOTICE OF HEARING**

**To:** \_\_\_\_\_

**Please take notice** that a hearing on the attached motion shall be held:

**For Court Use Only:**  
The clerk will complete this section.

Date	Time	Location
Circuit Court Judge/Circuit Court Commissioner		

**Failure to appear** could result in an order being issued granting the relief requested in the motion.

**A copy of this Notice and Motion shall be personally served on the other parent not less than 5 business days prior to the hearing.**

If the moving party seeks to have you found in contempt of court for non-compliance with the judgment or court order, and if you are found in contempt of court, a jail sentence could be imposed. You therefore have the right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear with an attorney may be considered a waiver of that right.

If you require reasonable accommodations due to a disability to participate in the court process, please call \_\_\_\_\_ prior to the scheduled court date. Please note that the court does not provide transportation.

**MOTION TO ENFORCE PHYSICAL PLACEMENT ORDER**

Based upon the following:

1. I was awarded periods of physical placement of [Name of children] \_\_\_\_\_ by judgment or order of \_\_\_\_\_ County. **A copy of the physical placement order is attached.**

Check all that apply.

2. I have  
 A. had one or more periods of physical placement denied by the other party.

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

- B. had one or more periods of physical placement substantially interfered with by other party.
- C. incurred a financial loss or expense as a result of the other party's intentional failure to exercise periods of physical placement, without adequate notice, under an order allocating specific times for the exercise of placement.

Enter facts explaining problems you are having.

3. The facts explaining what happened are: \_\_\_\_\_  See attached

**I REQUEST THE COURT ISSUE AN ORDER TO:**

- 1. Grant additional periods of physical placement to replace those denied or interfered with.
- 2. Award reasonable costs and attorney fees.

Check all that apply.

- 3. Require the other party return the child to me.
- 4. Change the current order to specify the times for the exercise of periods of physical placement.
- 5. Find the other party in contempt.
- 6. Grant an injunction ordering the other party to strictly comply with the judgment or order.
- 7. Require the other party to pay me a sum of money sufficient to compensate for financial loss or expenses resulting from the other party's intentional and unreasonable failure to exercise periods of placement under an order allocating specific times.

**STOP!**

**Take this document to a Notary Public BEFORE you sign it.**

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public.

► \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No (if any)

Have the Notary Public sign, date, and seal the document.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Court Official  
\_\_\_\_\_  
Name Printed or Typed  
My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.