

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 <b>your</b> name, address, and daytime phone number. You are the <u>Petitioner</u> for this proceeding.	<b>Moving Party (You)</b> _____ Name (First, Middle and Last) _____ Current Mailing Address	
On the far right, enter the original case number.	City _____ State _____ Zip _____ Daytime phone number _____ -VS-	
Enter the name, address, and daytime phone number of the other party.	<b>Responding Party (Other Party)</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City _____ State _____ Zip _____ Daytime phone number _____	<b>Notice of Hearing and Motion to Enforce Physical Placement Order</b>  Case No. _____

## NOTICE OF HEARING

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

<b>For Court Use Only:</b> The clerk will complete this section.
---

Before: \_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

**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 served on the other parent not less than 5 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, please call _____ at least 10 working days 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.**

2. I have

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

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

Check all that apply.
Enter facts explaining problems you are having.

**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.

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

Check all that apply.
-----------------------

**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

\_\_\_\_\_

Date

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: \_\_\_\_\_

**(SEAL)**