Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

This form is available in Spanish.
https://www.wicourts.gov/forms1/circuit/index.htm
Este formulario está disponible en español.

Enter the name of the county in which the original case was filed.	**STATE OF WISCONSIN, CIRCUIT COURT,** _____ **COUNTY**
Check paternity or marriage. If paternity, enter initials of child.	IN RE: THE ☐ MARRIAGE ☐ PATERNITY OF _____
Enter the name, address, and daytime phone number for the Petitioner or for Joint Petitioner A.	**Petitioner/Joint Petitioner A**
	_____ Name (First, Middle and Last)
On the far right, enter the original case number.	_____ Current Mailing Address
	City State Zip Daytime phone number
	-vs-
Enter the name, address, and daytime phone number for the Respondent or for Joint Petitioner B.	**Respondent/Joint Petitioner 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. _____

NOTICE OF HEARING

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

FA-609, 05/20 Notice of Hearing and Motion to Enforce Physical Placement Order   §§767.471, 801.11, and 801.15(4), Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.
Page 1 of 2

Petitioner/Joint Petitioner A: _____

Respondent/Joint Petitioner B: _____

Check all that apply.	2. I have

☐ A. had one or more periods of physical placement denied by the other party.

☐ 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.

☐ 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.

FA-609, 05/20 Notice of Hearing and Motion to Enforce Physical Placement Order   §§767.471, 801.11, and 801.15(4), Wisconsin Statutes

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