Petitioner/Joint Petitioner A: Respondent/Joint Petitioner B:					
Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT,COUNTY				
Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file.	Petitioner/Joint Petitioner A				
	Name (First, Middle and Last)				
Enter the name, address, and	City State Zip Daytime Phone Number				
daytime phone number of the respondent or joint petitioner from the original case file.	-vs- Respondent/Joint Petitioner B	Notice of Motion and Motion for Temporary Deployment Custody			
Enter the original case	Name (First, Middle and Last)	and/or Placement Order			
number at the far right.	City State Zip Daytime Phone Number	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.	The State of Wisconsin (Child Support Agency) is is not a party to this action.				
	NOTICE OF MOTION				
	You are notified that:				
For Court Use Only: This					
section will be completed by the court.	☐ the following date and time: Date Time Location (include)	e Room No.)			
	Circuit Court Judge				
	I am asking the court to grant a temporary order during my/y concerning custody, placement, visitation, and/or child supp				
	If you object to this motion, you need to appear at the hearing to state your objection. If you do not, the court may proceed without you and grant this request.				
	MOTION				
Enter name of parent being deployed.	1 has received a notice of deployment for period of between 30 days and 18 months.				
Check box indicating whether parent has been deployed.	2. This motion ☐ is ☐ is not being filed before that parent is deployed.				
	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	☐ A. custodial responsibilities during the deployment, as follows:				
applicable. Check box and enter temporary physical placement	☐ See attached B. placement responsibilities during the deployment, as follows:				

Petitioner/Joint Petitioner A: Respondent/Joint Petitioner B:		<u></u>		
responsibilities you are asking the court to order, if applicable. Check box and enter temporary visitation rights you are asking the court to enter, if applicable.		: visitation rights during	the deployment, as follow	
Enter the type of contact between the deployed parent and child(ren) that you are asking the court to order during deployment, including		quest the following contact	ct with the minor child(ren)	during deployment:
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.		request that the court deployment: 1) based on state	oort currently being paid to enter a temporary order fo child support standards d f \$ per	support the minor child(ren). I or child support during letermined by the court.
Check box B if you are asking for the current child support order to be modified. Enter applicable details about the current order.	□Β	deployment. 1) The current ch a. does no reason. b. does in		per that ealth insurance or any other
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.		2) To a new amore to [Parent] a. based conditions a new set of the conditions are also because the conditions are also	unt beginning to I	be paid by [Parent] dards determined by the court.
Check 1 or 2, indicate deviation information.		1.	his new amount not include a deviation for reason. include a deviation of \$ as a cash contribution for I	health insurance or any other
Enter date the current child support order was entered.	NOTICE:	The court OrdeBoth parties must brin		ed, and signed Financial
			Custody Jurisdiction and E	nforcement Act (UCCJEA)
Sign and print your name. Enter the date on which you			Signature Print or Type Name	
signed your name. NOTE: This signature does not need to be notarized.			Address Email Address	Telephone Number
			Date	State Bar No. (if any)