

**OFFICE OF FAMILY COURT COMMISSIONER**

Manitowoc County Courthouse  
1010 South 8<sup>th</sup> Street, Room 317  
Manitowoc, WI 54220  
Phone: 920-683-4493

**Petition to Enforce Physical Placement Form FA-609**

This form should be used by a parent who has been awarded periods of physical placement and any of the following applies:

1. The parent has had one or more periods of physical placement denied by the other parent.
2. The parent has had one or more periods of physical placement substantially interfered with by the other parent.
3. The parent has incurred a financial loss or expenses as a result of the other parent's intentional failure to exercise one or more periods of physical placement under an order allocating specific times for the exercise of periods of physical placement.

**INSTRUCTIONS FOR FORM FA-609**

1. Fill in the form as instructed in the boxes on the left side of the form.
2. Take the completed form to the Family Court Commissioner Office to get a hearing date.
3. After the hearing date is assigned, make 4 copies.
4. File the original with the Clerk of Court. There is no filing fee for this motion.
5. The authenticated copies are delivered as follows:
  - a. One to Family Court Commissioner
  - b. Two copies to the process server
  - c. One copy for yourself
  - d. Note: If you know the other party is represented by an attorney or you have a Guardian ad Litem currently working on your case, you must provide that attorney with a copy of your motion as well.
6. The affidavit of service that is completed by the agency serving the papers for you must be filed with the Clerk of Court Office prior to the hearing. If the court does not have proof that the other parent was served timely, and that parent does not appear at the hearing, the motion cannot continue or be heard.

*PRINT in BLACK ink*

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC COUNTY</b>	<i>For Official Use</i>
Check paternity or marriage. If paternity, enter initials of child.	In RE: The <input type="checkbox"/> marriage <input type="checkbox"/> paternity of: _____,	<b>Notice of Hearing and Motion to Enforce Physical Placement Order</b>
Enter your name, address, and daytime phone number. You are the Petitioner for this proceeding.	<b>Moving Party: (You)</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address _____ City                      State                      Zip                      Daytime phone number	
On the far right, enter the original case number.	vs. <b>Responding Party: (Other Party)</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address _____ City                      State                      Zip                      Daytime phone number	
Enter the name, address, and daytime phone number of the other party.	Case No. _____	

**NOTICE OF HEARING**

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

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

Before: \_\_\_\_\_  
 Location: Circuit Court Judge/Circuit Court Commissioner  
 1010 SOUTH 8<sup>TH</sup> ST, ROOM B-15  
 MANITOWOC, WI 54220  
 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 need help in this matter because of a disability, please call: 920-683-4030**

**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 the Circuit Court or Circuit Court Commissioner of \_\_\_\_\_ County. **A copy of the physical placement order is attached.**
- 2. I have:
  - A.  had one or more period of physical placement denied by the responding party.
  - B.  had one or more period 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.

Check all that apply.

Enter facts explaining the problems you are experiencing.

- 3. The facts explaining what happened are: \_\_\_\_\_  
\_\_\_\_\_

See attached

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

- 1. Granting additional periods of physical placement to replace those denied or interfered with.
- 2. Awarding reasonable costs and attorney fees.
- 3.  Requiring the responding parent return the child to me.
- 4.  Changing the current order to specify the times for the exercise of periods of physical placement.
- 5.  Finding the responding parent in contempt.
- 6.  Granting an injunction ordering the responding party to strictly comply with the judgment or order.
- 7.  Requiring 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.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

(Seal)

My commission expires: \_\_\_\_\_