

Oneida Family Court
P O Box 19
Oneida, WI 54155
(920) 496-7200

**INSTRUCTIONS FOR FILING A MOTION TO ENFORCE
PHYSICAL PLACEMENT ORDER**

1. Complete and sign the Motion to Enforce Physical Placement Order.
2. Have a copy of the completed and signed motion personally served on the other parent and any other person having custody of the child(ren) involved.
 - a. Serving a person means delivering the court papers to them in person. Service may be made by any law enforcement officer or other person, not a party, who is at least 18 years of age. **You may not deliver the court papers yourself!**
 - b. The person serving the motion must complete an Affidavit of Service which is included in this packet. The Affidavit of Service must be filed with the Clerk's office along with your original motion.
3. File the original motion form, your proof of service, and pay the \$25.00 filing fee with the Clerk (or request a fee waiver). **PLEASE NOTE: The Court will not accept your motion without the proof of service and the filing fee.**
4. The responding party may respond to the motion either in writing before or at the hearing or orally at the hearing.
5. The Court shall hold a hearing on the motion no later than 30 days after the motion has been served, unless the time is extended by mutual agreement of the parties or upon the motion of a guardian ad litem and the approval of the Court.
6. The Court may not permanently modify an order of legal custody or physical placement in response to a Motion to Enforce Physical Placement Order.

Any questions, call the Clerk of Court at 920-496-7200.

MOTION TO ENFORCE PHYSICAL PLACEMENT ORDER

Case No. _____

Enter the original docket number.

Petitioner/Joint Petitioner:

Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file.

First name Middle name Last name

Current Mailing Address

City State Zip Daytime Phone Number

vs.

Respondent/Joint Petitioner:

Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.

First name Middle name Last name

Current Mailing Address

City State Zip Daytime Phone Number

Check if the ONCSA is a party or not. If you are unsure, you may call the ONCSA.

The Oneida Nation Child Support Agency (ONCSA)

- is a party to this action.
- is not a party to this action.

PETITION

Fill in the name(s) of child/ren and if applicable, the County in which your original placement order was established.
Check applicable box in B.

1. Based upon the following:

- A. I was awarded periods of physical placement of (name of child/ren) _____ by judgment or order of the Oneida Family Court or Circuit Court of _____ County. **A copy of the physical placement order is attached.**
- B. The original judgment or order set did not set specific times for physical placement.

2. I have: (Check all of the boxes that apply.)

- had one or more periods of physical placement denied by the other party.
- had one or more periods of physical placement substantially interfered with by the other party.

3. The facts explaining what happened are: _____

_____.

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I request that the Court issue an Order: *(Check all of the boxes that apply.)*

- 1. Granting additional periods of physical placement to replace those denied or interfered with.
- 2. Awarding reasonable costs and attorney fees.
- 3. Specifying the times for the exercise of periods of physical placement.
- 4. Finding the other party in contempt.
- 5. Granting an injunction ordering the other party to strictly comply with the judgment or order relating to the award of physical placement.
- 6. Requiring the other party to pay me a sum of money sufficient to compensate me for any financial loss or expenses associated with the periods of physical placement that were denied or interfered with.
- 7. Other: _____

NOTE: The responding party may respond to the motion either in writing before or at the hearing or orally at the hearing.

Sign and print
your name.

Enter the date on
which you signed
your name.

Signature

Print or Type Name

Date

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AFFIDAVIT OF SERVICE

Case No. _____

Petitioner **V.** _____
Respondent

I, _____, swear that I personally served the Motion
(Name of person serving party)

to Enforce Physical Placement Order on the following person:

(Name of party being served)

DATE: _____

TIME: _____

PLACE: _____

To the best of my knowledge, _____, is present in
(Name of party being served)
the community and is not a member of the armed forces.

I swear the foregoing is true and correct.

Dated this _____ day of _____, 20____.

(Signature of person serving party)

PLEASE NOTE: Only use this form if you are having the other person personally served. If you are serving the other person by certified mail, simply give the return receipt (green card) to the Clerk of Court.