

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 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. If personal service is not possible, you may mail the motion to those entitled to notice via certified mail with return receipt requested. If you complete service by certified mail, you must file the certified return receipt (green card) showing the date of delivery with the Clerk along with your original motion.
4. If personal service and mail service are not possible, you may ask the Court to permit service by publication.
5. 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.**
6. The other parties have 14 days to respond to your motion.
7. A hearing will be scheduled after 14 days have passed from the date of your filing. Most hearings are scheduled within a month of filing.

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

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### 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.

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### PETITION

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

**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 order of judgment  set  did not set specific times for physical placement.

Check applicable box in B.

**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 party being served with this Motion has fourteen (14) days to file an Answer/Response in writing with the Court and the other party OR the party being served has the option to respond in person 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, \_\_\_\_\_,  
(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, \_\_\_\_\_,  
(Name of party being served)  
is present in 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.