

Instructions for Completion and Submission of:

Notice of Hearing and Motion to Enforce Physical Placement Order FA-609

(There is No Cost for Filing)

Procedure Checklist

- Complete** the Notice of Hearing and Motion to Enforce Physical Placement Order (FA-609)
 - Complete the form by following the instructions on the left side of the form. Be sure to include your Eau Claire County case number.
 - Eau Claire County requires you to set and enter the hearing date and time on this motion prior to filing. To obtain a date and time for your hearing, call the Family Court Commissioner's Judicial Assistant at **715-839-6029**. Write this information where designated on page one, then fill in the Court Official's name and location as **Eau Claire County Government Center, 721 Oxford Avenue, Eau Claire, WI 54703**.
 - Be sure to state the facts explaining what happened on page 2 of the petition (you may attach additional pages if needed).
- Make 2 copies** of the document and attachments, if any. A courtesy copier is available in the lobby of the Law Enforcement Center on the first floor of the Government Center for 25¢ per page. The Clerk of Court office charges \$1.25/page for copies.
- Bring** original and copies to Clerk of Courts office for filing during regular business hours. The Clerk will file-stamp all three copies, and return the original and one copy to you (one for your records and one for service).
- Have papers served** on the opposing party
 - You are required to have the other party personally served with these papers and to **file a Proof of Service** document with the Clerk of Courts as soon as possible. See Personal Service on form FA-5000 for your service options.
- File Proof of Service** document with Clerk of Courts
 - You should also remit the receipt for any costs you incurred for service which the Court may consider awarding to you
 - **The court will not hold a hearing without proof of service.**
- Attend hearing**
 - The hearing will be held in person in the Court Commissioner's hearing room located on the 2nd floor of the Eau Claire County Courthouse
 - You must appear for the hearing 5-10 minutes prior to the time you set for the hearing
 - The hearing is scheduled for 30 minutes only

Court staff may not provide legal advice or recommend a specific course of action for an individual. (Supreme Court Rule 70.41)

All numbered forms referenced can be found at www.wicourts.gov under forms → circuit court → family → view all family forms

See the Clerk of Courts website for further information at: <http://www.co.eau-claire.wi.us/departments/departments-a-k/clerk-of-courts>

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, EAU CLAIRE COUNTY
Check paternity or marriage. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> 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) _____ Current Mailing Address _____ City State Zip Daytime phone number
On the far right, enter the original case number.	-VS- 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. _____

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

NOTICE OF HEARING

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.**

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.

Check all that apply.

- 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.

Sign this document WITHOUT a Notary Public.

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)