Petitioner: Address:					For Official Use			
				Petition to Enforce Physical Placement Order				
-VS- Respondent: _ Address: _	Case No							
Respondent's	Date of Birth	Sex	Race	Height	Weight	Hair co	lor	Eye color
Based upon t	_	s of physical	placement of (	name of child/rer	n)			
Court	t or Family Court	name of child/ref	by judgr	by judgment or order of the Circuit County. A copy of the placement				
IREQUEST 1  1. Grant 2. Awar 3. Spec 4. Findin 5. Grant 6. Requiresult	had one or m incurred a fin- periods of ph the exercise of  THAT THE COU  ting additional pe ding reasonable ifying the times fing the responde ting an injunction iring the responde	ore periods of ancial loss of ysical placement of placement eriods of phy costs and at for the exercing in ordering the dent to pay in pondent's interiors of the exercing the dent to pay in pondent's interiors or the exercing the dent to pay in pondent's interiors or the exercing the dent to pay in pondent's interiors or the exercing the dent to pay in pondent's interiors or the exercing the dent to pay in pondent's interiors or the exercing the dent to pay in pondent's interiors or the exercing the exercin	of physical place of physical place of physical place of expenses as an ent, without acceptance.  IN ORDER: (Main a place of particular place of periods of periods of expenses of periods of the expense of more of more of periods of the expense of more of periods of the expense of more of periods of the expense of periods of the expense of more of periods of the expense of periods of the expense of the expens	rement denied by tement substantial result of the result of the result of the result ark any of the following to replace those of physical placemons strictly comply woney sufficient to onreasonable failure	ally interfered pondent's interpondent's interpondent's interpondent powers and a denied or interpondent.  With the judgm compensate f	with by the entional far allocation that apply terfered we sent or order financial to the ention of	ailure to g speci /.) //ith. der. al loss	o exercise fic times for or expenses
	nd sworn to befo				Signature of	Petitioner		
	Notary Public, State o	f Wisconsin			Date			
My commission e	expires:							
Distribution: 1. C	ourt – Original; 2. P	etitioner; 3. Res	spondent					