

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

Case No. \_\_\_\_\_

\_\_\_\_\_  
(Name of person who filed the Petition)

and

\_\_\_\_\_  
(Name of person who did not file the Petition)

**MOTION TO ENFORCE PARENTING TIME**

I, \_\_\_\_\_ (insert your name) move the Court to enforce the parenting plan because:

1. The current order, filed on (date) \_\_\_\_\_ grants

\_\_\_\_\_ (insert parent's name) parenting time as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (attach a copy of the Order).

2. I last requested parenting time from the other party on (date) \_\_\_\_\_

by  telephone  text message  email  in person  other \_\_\_\_\_.

3. The current order of parenting time has not been followed as set forth below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_.

4. A Guardian Ad Litem (GAL)  is  is not involved in this case.

5. There  is  is not now an Order for supervised parenting time.

6. There  is  is not currently an Order for monitored exchange.

7. There  is  is not a “No contact between the parties Order” in place.

8. There  is  is not a Protection Order in place.

9. To the best of my knowledge, the name, current address and telephone number of the other parent is:

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(If you do not know the current address and telephone number, leave this blank.)

10. The other parent  is  is not on active duty with the United States Military.  Unknown.

I ask the Court to enforce parenting time as requested.

### **VERIFICATION**

I verify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on \_\_\_\_\_, 20\_\_.

X \_\_\_\_\_

Signature

Name (Print): \_\_\_\_\_

Address (1): \_\_\_\_\_

Address (2): \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CERTIFICATE OF SERVICE AND MAILING**

I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent a true copy of this Motion by depositing it in the United States mail, postage prepaid, addressed to:

\_\_\_\_\_  
(Name and address of other parent)

and

\_\_\_\_\_  
(Name and address of other parent's attorney, if any)

and

\_\_\_\_\_  
(Name and address of any other involved attorney or case participant, if any)

X \_\_\_\_\_  
Signature  
Name (Print): \_\_\_\_\_