IN THE DISTRICT COURT OF	COUNTY, KANSAS
(Name of person who filed the Petition)	Case No
and	
(Name of person who did not file the Petition)	
MOTION TO ESTABLISH I	PARENTING TIME
I,(insert your na	ame) move the Court to establish parenting time
and in support of this motion state:	
The current order, filed on (insert parent's name) parenting	(date) does not gran
2. A completed UCCJEA affidavit is attached.	
3. The Court should grant parenting time as requ	ested in the attached Parenting Plan.
4. To the best of my knowledge, the name, curr	rent address and telephone number of the other
parent is:	
(If you do not know the current address and teleph	hone number, leave this blank.)
5. The other parent \square is \square is not on active duty	with the United States Military. Unknown.
I ask the Court to grant this motion for parenting	time as requested.

VERIFICATION

and correct. Executed on	, 20	
	X	
	Signature	
	Name (Pa	rint):
	Address	(1):
	Address	(2):
	City, ST,	Zip:
	Telephor	ne:
<u>CER'</u>	TIFICATE OF SERVIO	CE AND MAILING
I certify that on this	day of	, 20, I sent a true copy of
nis Motion by depositing it in th	e United States mail, pos	tage prepaid, addressed to:
nis Motion by depositing it in th	e United States mail, pos	tage prepaid, addressed to:
his Motion by depositing it in th	e United States mail, pos	tage prepaid, addressed to:
is Motion by depositing it in th	e United States mail, pos	tage prepaid, addressed to:
		tage prepaid, addressed to:
Name and address of other paren		tage prepaid, addressed to:
Name and address of other paren		tage prepaid, addressed to:
Name and address of other paren	nt)	tage prepaid, addressed to:
Name and address of other parentle	nt)	tage prepaid, addressed to:
Name and address of other parentle a	nt)	tage prepaid, addressed to:
Name and address of other pare	nt)	tage prepaid, addressed to:
Name and address of other parentle and	ent's attorney, if any)	
Name and address of other parentle and	ent's attorney, if any)	
Name and address of other parentle and	ent's attorney, if any)	
Name and address of other parentle and	ent's attorney, if any)	
Name and address of other parentle. (Name and address of other parentle.)	ent's attorney, if any)	e participant, if any)

(Attach UCCJEA Affidavit and Proposed Parenting Plan)