

PRINT in BLACK ink

Enter the name of the county in which the original case was filed.

STATE OF WISCONSIN, CIRCUIT COURT,
_____ **COUNTY**

Check marriage or paternity. If paternity, enter initials of child.

In RE: The marriage paternity of _____

Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.

Petitioner/Joint Petitioner:

First name Middle name Last name

Current Mailing Address

On the far right, enter the original case number.

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 State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.

The State of Wisconsin (Child Support Agency)

is
 is not a party to this action.

Case No. _____

Affidavit for Finding of Contempt

Check all those categories for which you believe the other party is in contempt. If other, mark the box and write for what you believe the other party is in contempt.

- The other party was court ordered to do the following and has failed to do so:
 - Pay child support in the amount of \$ _____ per _____.
 - Pay maintenance (spousal support) in the amount of \$ _____ per _____.
 - Pay family support in the amount of \$ _____ per _____.
 - Pay uninsured medical bills in the total amount of \$ _____.

Copies of the unpaid bills are attached to this Affidavit.

IF the issues are related to legal custody or physical placement of a child, the Notice of Hearing and Petition to Enforce Physical Placement form is available.

- Return property that was awarded to me.
- Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.).
- Pay debts that he/she was ordered to pay.
- Pay the amount of \$ _____ to equalize the property settlement.
- Allow me to claim the children as tax exemptions as ordered.
- Provide medical insurance cards and/or other medical records.
- Pay transportation expenses related to placement in the total amount of \$ _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Enter the date the current court order or judgment was signed by a court official.

2. The court order that I am asking to be enforced was dated: _____.

Enter the facts that support your claim. If you need additional space, mark the box and attach the sheets.

3. The facts supporting my reasons for believing that the other party is in contempt are as follows: _____

See attached

If you require reasonable accommodations due to a disability, please call _____ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

STOP!
Take this document to a Notary Public BEFORE you sign it.

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public.

▶ _____
 Signature

Print or Type Name

Date

Have the Notary Public sign, date, and seal the document.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

(SEAL)

A copy of this Affidavit and Order to Show Cause must be served upon all other parties **at least 5 business days** before the date of the hearing. See Service Packet (FA-5000) for more information.