

**PRINT in BLACK ink**

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

**STATE OF WISCONSIN, CIRCUIT COURT,**  
\_\_\_\_\_ **COUNTY**

*For Official Use*

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  
\_\_\_\_\_  
City State Zip Daytime phone number

On the far right, mark the box for the change(s) you are requesting and enter the original case number.

Vs.  
**Respondent/Joint Petitioner:**  
\_\_\_\_\_  
First name Middle name Last name  
\_\_\_\_\_  
Current Mailing Address  
\_\_\_\_\_  
City State Zip Daytime phone number

- Order To Show Cause and Affidavit to:**
- Change Legal Custody**
  - Change Physical Placement**
  - Change Child Support**
  - Change Maintenance**
  - Other:** \_\_\_\_\_

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. \_\_\_\_\_

Enter the name of the party you want to appear in court.

**ORDER TO SHOW CAUSE**  
on the attached Affidavit, **IT IS ORDERED THAT:** \_\_\_\_\_

**For Court Use Only:**  
This section will be completed by the court.

Before: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m., or as soon as the matter may be heard, to show cause (given reasons) why the requests in the attached affidavit should not be granted. *If you do not appear as indicated, the court may proceed without you and grant the request.*

- IT IS FURTHER ORDERED** that:
- A copy of this order and affidavit be personally served upon all other parties **at least 5 business days** before the date of the hearing.
  - Both parties **bring to court a fully completed, dated, and signed Financial Disclosure Statement** and all required attachments.

**BY THE COURT:**

**For Court Use Only**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Date

# AFFIDAVIT

If you are requesting any changes to **legal custody or physical placement**, **check A**, enter the names of the children involved, and check all that apply in 1-6. Complete all relevant information, and attach a copy of your proposed placement schedule, if applicable.

Indicate if you have attempted Mediation or not, if so indicate the date of the Mediation session.

If you are requesting any changes related to a **support order**, **check B**, check all that apply in 1-4, and complete all relevant information for each section checked.

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

Check all that apply in A-G. If other, enter the change in circumstance that has prompted you to bring this Motion.

## 1. I am requesting that the court:

A.  Change the existing legal custody or physical placement of the following children:

1.  To joint legal custody with both parents.
2.  To sole legal custody with me.
3.  From primary physical placement with (name of parent): \_\_\_\_\_ to (name of parent): \_\_\_\_\_.
4.  From share placement to primary placement with (name of parent): \_\_\_\_\_.
5.  From the current placement schedule (if any) to a new schedule **I have attached**.
6.  To require placement be  supervised  unsupervised.

The other party and myself  attempted mediation on (date) \_\_\_\_\_  
 have not attempted mediation for this issue.

B.  Change the following support orders as follows:

1.  **Child support** that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to:
  - a.  A new amount based on state child support standards determined by the court.
  - b.  A new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
  - c.  Held open as of (date) \_\_\_\_\_.
  - d. Payments to be made by (name of parent) \_\_\_\_\_.
2.  **Maintenance** (spousal support) that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to
  - a.  An amount to be determined by the court based on current income.
  - b.  A new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
3.  **Arrears payment** that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to:
  - a.  An amount to be determined by the court.
  - b.  A new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
4.  **Arrears balance** as it is currently reflected in the WI SCTF KIDS computer system as \$ \_\_\_\_\_ to \$ \_\_\_\_\_ because:
  - a.  I have made support or other payments directly to the other party.
  - b.  I dispute the amount that is currently on record.

**I will be able to provide documentation to the court that supports my request.**

C.  Other change(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Attached

2. The court order that I am asking to be modified was dated: \_\_\_\_\_.

3. This request is based on the following **substantial change in circumstances** that have occurred since the entry of the prior court order in this case:

- A.  A child who was living with the other parent is now living with me.
- B.  A child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.
- C.  One of the parties has or will be moving to a different residence.
- D.  Employment or work shift of  the other party  myself has changed.
- E.  Income or wages of  the other party  myself has changed.
- F.  The party to whom I owe maintenance has remarried.
- G.  Other: \_\_\_\_\_

Describe the facts that justify the change you want. Attach additional pages, if necessary.

4. The facts explaining the **substantial change in circumstances** are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Attached

**If you need help in this matter because of a disability, please call:**

**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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires: \_\_\_\_\_

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