

**PRINT in 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

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

Current Mailing Address

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

**Order To Show Cause and Affidavit to Change:**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Other: \_\_\_\_\_

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

**vs.**  
**Respondent/Joint Petitioner:**

\_\_\_\_\_  
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**

Upon the attached Affidavit, **IT IS ORDERED THAT** \_\_\_\_\_

Before \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_ a.m./p.m., or as soon as the matter may be heard, to show cause (give 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:**

- 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 **must bring to court their fully completed, dated, and signed Financial Disclosure Statement** and all required attachments.

**BY THE COURT:**

\_\_\_\_\_  
 Circuit Court Judge  Circuit Court Commissioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

**For Court Use Only.**

**AFFIDAVIT**

1. Modify as follows:

A. **Physical Placement Order(s)** (time with children) for the following children: \_\_\_\_\_

- 1.  from primary physical placement with (Name of Parent) \_\_\_\_\_  
to primary placement with (Name of Parent) \_\_\_\_\_
- 2.  from shared placement to primary placement with (Name of Parent) \_\_\_\_\_
- 3.  from primary placement to shared placement.
- 4.  from the current shared placement schedule (if any) to a new shared placement schedule.

The requested placement schedule for the changes in 1-4 above is as follows: \_\_\_\_\_

See attached

- 5.  to require placement with (Name of Parent) \_\_\_\_\_  
be  supervised.  unsupervised.
- 6.  Other: \_\_\_\_\_

See attached

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

B. **Legal Custody** (decision making) for the following children: \_\_\_\_\_

- 1.  to joint legal custody with both parents.
- 2.  to sole legal custody with (Name of Parent) \_\_\_\_\_
- 3.  Other: \_\_\_\_\_

See attached

C. Change the following support orders as follows:

1.  **Child support**

- a. that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ that
  - 1.  does not include a deviation for health insurance or any other reason.
  - 2.  does include a deviation of \$ \_\_\_\_\_  upward  downward for health insurance.
- b. To a new amount beginning \_\_\_\_\_ to be paid by (Parent) \_\_\_\_\_  
to (Parent) \_\_\_\_\_
  - 1.  based on state child support standards determined by the court.
  - 2.  a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
  - 3.  held open (no payment).

I request that this new amount

- A.  not include a deviation for health insurance or any other reason.
- B.  include a deviation of \$ \_\_\_\_\_  upward  downward as a cash contribution for health insurance.

- 2.  **Maintenance** (Spousal Support) that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to
  - a.  an amount beginning \_\_\_\_\_, 20\_\_\_\_ to be determined by the court based on current income.
  - b.  a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_, 20\_\_\_\_.
- 3.  **Arrears payment** that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to
  - a.  an amount beginning \_\_\_\_\_, 20\_\_\_\_ to be determined by the court.
  - b.  a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_, 20\_\_\_\_.
- 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.**

**NOTICE: Both parties must bring to court their fully completed, dated, and signed Financial Disclosure Statement and all required attachments.**

Check A if you are requesting a change to physical placement, list the children affected, check 1-4 and/or 5 and/or 6 and complete the necessary information.

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

Check B if you are requesting a change to legal custody, list the children affected, check 1, 2, or 3 and complete the necessary information.

Check C if you are requesting changes to support orders.

Check 1 if you are requesting changes to child support, enter the amount and frequency of the current payment and check whether it includes a deviation for health insurance. In b, check 1, 2, or 3. Check A or B, indicate deviation information.

In D, enter any other changes you may have.

current court order or judgment was signed by a court official.

In 3, check all that apply in A-I. If E or F, enter the party's information that has changed. If other, enter the change in circumstance that has prompted you to bring this Motion.

In 4, describe the facts that justify the change you want. Attach additional pages, if necessary.

D.  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.  There is not a placement schedule and the parties cannot agree.
  - E.  Employment or work shift of \_\_\_\_\_ has changed.  
 both parties has changed.
  - F.  Income or wages of \_\_\_\_\_ has changed.  
 both parties has changed.
  - G.  The availability or cost of health insurance has changed.
  - H.  The party to whom I owe maintenance has remarried.
  - I.  Other: \_\_\_\_\_

4. The facts explaining the substantial change in circumstances or deviation in child support percentage standard are:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See attached

If you require reasonable accommodations due to a disability to participate in the court process, please call: \_\_\_\_\_ at least ten (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  
 My commission/term expires: \_\_\_\_\_

*(Seal)*

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.