

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Mark marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____ <b>Petitioner/Joint Petitioner A</b>
Enter the name and <u>current mailing address</u> of Petitioner/Joint Petitioner A.	Name (First, Middle and Last) _____ Street _____ City _____ State _____ Zip _____
Enter the name and <u>current mailing address</u> of Respondent/ Joint Petitioner B.	<b>Respondent/Joint Petitioner B</b> Name (First, Middle and Last) _____ Street _____ City _____ State _____ Zip _____
Enter the case number.	

**Motion for and Notice of New (De Novo) Hearing**

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

Enter the name of the other party/parent.
<b>Note:</b> To review the decision of a harassment or domestic abuse injunction, use Motion for DeNovo Hearing, CV-503.
Enter the date [month, day, year] that the order was signed, and mark the boxes that describe the issue(s) you want heard again.

**To:** Name \_\_\_\_\_

I request a new hearing on the following issue(s) heard on \_\_\_\_\_ by the Circuit Court Commissioner:

- Child Support
- Maintenance
- Legal Custody/Physical Placement
- Property and Debt Division
- Other: \_\_\_\_\_

1. I was present at the hearing on the above referenced date.
2. The order entered by the court commissioner was not the result of a stipulation entered between myself and any other parties.
3. I understand that I must file a Motion for a DeNovo Hearing within 20 calendar days of:
  - A. The date of the hearing if the Court Commissioner gave an oral decision at the time of the hearing.
  - OR
  - B. The day the Court Commissioner's written decision or order was mailed, because the Court Commissioner did not give an oral decision or order at the time of the hearing.
4. I am filing this Motion for a DeNovo Hearing within 20 calendar days of:
  - A. The Court Commissioner's oral decision given at the time of the hearing.
  - B. The mailing of the Court Commissioner's written decision or order, because the Court Commissioner did not give an oral decision or order at the time of the hearing.

Check only one box.
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The De Novo Hearing is scheduled:

<b>For Court Use Only:</b> The Clerk will complete this section.
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<b>NOTICE OF HEARING</b>		
Date	Time	Location (Include Room No.)
Circuit Court Judge		

The court may review any decision made by the Circuit Court Commissioner in the Order being reviewed.

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

If you require reasonable accommodations to participate in the court process due to a disability, please call \_\_\_\_\_ prior to the scheduled court date. Please note that the court does not provide transportation.

Sign and print your name.

Enter the date in which you signed your name.

**Note:** This signature does not need to be notarized.



Signature

Print or Type Name

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

**Note:** A copy of this request must be served by mail on all other parties who appeared at the original hearing.