

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

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

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

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

On the far right, enter the original case number.

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

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

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

IN RE: THE MARRIAGE PATERNITY OF _____

Petitioner/Joint Petitioner A

 Name (First, Middle and Last)

 Current Mailing Address

 City State Zip Daytime phone number

-VS-

Respondent/Joint Petitioner B

 Name (First, Middle and Last)

 Current Mailing Address

 City State Zip Daytime phone number

The State of Wisconsin (Child Support Agency)
 is
 is not a party to this action.

Affidavit for Finding of Contempt
 Case No. _____

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/variable costs the total amount of \$_____.
 - Copies of the unpaid bills are attached to this Affidavit.**
 - 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 \$_____.
 - Follow legal custody/physical placement order.
 - Other: _____
 - Other: _____

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

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

- The court order that I am asking to be enforced was dated: _____.
- 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 to participate in the court process, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

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.	State of _____ County of _____ Subscribed and sworn to before me on _____	▶ _____ Signature _____ Print or Type Name _____ Address _____ Email Address Telephone Number _____ Date State Bar No. (if any)
Have the Notary Public sign and date.	_____ Notary Public/Court Official _____ Name Printed or Typed My commission/term expires: _____ <input type="checkbox"/> This notarial act involved the use of communication technology.	

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.