

Petitioner/Joint Petitioner A: \_\_\_\_\_

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

Enter the name of the county in which this case is filed.

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

**This form is used for family and paternity case types. Some information may not apply to your case.**

**Petitioner/Joint Petitioner A:**

\_\_\_\_\_  
Name (First, Middle and Last)

**Respondent/Joint Petitioner B:**

\_\_\_\_\_  
Name (First, Middle and Last)

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

IV-D KIDS Case No. \_\_\_\_\_

Enter the case number and child support IV-D KIDS number, if known.

### Confidential Petition Addendum

**1. Parties**

Enter the name, date of birth [month, day, year], and social security number of each party.

- A. Petitioner/Joint Petitioner A/Alleged Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone No. \_\_\_\_\_
- B. Respondent/Joint Petitioner B/Alleged Parent: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone No. \_\_\_\_\_
- C. Other party: (If any) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone No. \_\_\_\_\_

See attached

**2. Minor Child(ren) that we have together**

Enter the name, date of birth [month, day, year], and social security number of each minor child. If there are no minor children, check none. Attach additional pages if necessary.

- A. The minor child(ren) of the other party and me (born or adopted) before or during the marriage/relationship are:  
 None

Name of Minor Child	Date of Birth	SS#

See attached

**B. Other Minor Child(ren)**

If this is a divorce or legal separation, list **other** minor child(ren) born to either party during this marriage, but not fathered by the other party:

None

Name of Minor Child	Date of Birth	SS#	Parent

See attached

The party(s) filing this addendum must sign and print your name and date the document.

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_

Name Printed or Typed

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address Telephone Number

\_\_\_\_\_

Date State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_

Name Printed or Typed

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address Telephone Number

\_\_\_\_\_

Date State Bar No. (if any)