

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

Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Check marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	Petitioner/Joint Petitioner A _____ Name (First, Middle and Last)
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
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	Respondent/Joint Petitioner B _____ Name (First, Middle and Last)
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	Current Mailing Address _____ City State Zip Daytime phone number
	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.

- Affidavit To Show Cause and to Change**
- Legal Custody**
 - Physical Placement**
 - Child Support**
 - Maintenance**
 - Arrears Payment**
 - Other:** _____

Case No. _____

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.

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

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.

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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.

- 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____.

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.

In D, enter any other changes you may have.

In 2, enter the date the current court order or judgment was signed by a court official.

- 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. The parties are no longer living together.
 - 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: _____

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

- 4. This is a substantial change in circumstances because:

 See attached

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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.

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 and date.

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

▶ _____
Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

A copy of this Affidavit to Show Cause and Order must be served upon all other parties **at least 5 business days** before the date of the hearing. See the Service Packet (FA-5000) for more information.