

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>
Check 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>and</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>To: Name</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, the name of the circuit court commissioner who granted the order, and mark the boxes that describe the issue(s) you want heard again.	I request a new hearing on the following issue(s) decided on _____ by the Circuit Court Commissioner: <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance/Family Support <input type="checkbox"/> Legal Custody/Physical Placement <input type="checkbox"/> Property and Debt Division <input type="checkbox"/> Other: _____
Check 1 or 2. If 1, attach a copy of the signed order.	<input type="checkbox"/> 1. I have attached a copy of the signed Order from the above hearing date. <input type="checkbox"/> 2. I have not yet received a copy of the signed Order from the above hearing.

The De Novo Hearing is scheduled:

<b>For Court Use Only:</b> The Clerk will complete this section.	<b>NOTICE OF HEARING</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Time</th> <th style="width: 50%;">Location (Include Room No.)</th> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">Circuit Court Official</td> <td></td> <td></td> </tr> </table>	Date	Time	Location (Include Room No.)	Circuit Court Official		
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Circuit Court Official							

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

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.	_____ Signature
Enter the date in which you signed your name.	_____
<b>Note:</b> This signature does not need to be notarized.	Print or Type Name
	_____
	Date

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