

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

Enter the name of the county in which the original case was 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 _____
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner A</b> _____ 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 -VS-
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	<b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City                      State                      Zip                      Daytime phone number
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.

- Declaration 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**

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.  
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.

- C. **CHANGE** the following support orders as follows:
  - 1) **Child support**
    - a. that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ that
      - 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 (FA-4139V) or Income and Expense Statement (FA-4138V).**

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 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.

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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

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.

**Sign this document WITHOUT a Notary Public.**

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**



Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

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