

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**

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

IN RE: THE  MARRIAGE  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, enter the original case number.

Current Mailing Address

City State Zip Daytime phone number

-VS-

**Respondent/Joint Petitioner B**

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

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)

**is**

**is not** a party to this action.

**Declaration 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.

1. 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 Declaration.**
- 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: \_\_\_\_\_

2. The court order that I am asking to be enforced was dated: \_\_\_\_\_.

3. 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: \_\_\_\_\_

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