

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  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)

\_\_\_\_\_  
 Current Mailing Address

\_\_\_\_\_  
 City State Zip Daytime phone number

-VS-

**Respondent/Joint Petitioner 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)

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

**Affidavit 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.

- 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 Affidavit.**
  - 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: \_\_\_\_\_

Enter the date the current court order or judgment was signed by a court official.

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

Enter the facts that support your claim. If you need additional space, mark the box and attach the sheets.

3. The facts supporting my reasons for believing that the other party is in contempt are as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**See attached**

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

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.

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

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: \_\_\_\_\_

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