

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Plaintiff(s): (Name and Address)

Amended

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

**Summons for  
Consumer Replevin  
(31003)**

-vs-

Defendant(s): (Name and Address)

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

Case No. \_\_\_\_\_

THE STATE OF WISCONSIN, to the said defendant(s):

The plaintiff named above has commenced an action to recover possession of the following property:

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

This claim arises under a consumer credit transaction under which you are alleged to be in default, as described in the attached complaint.

IF YOU ARE NOT IN DEFAULT OR HAVE AN OBJECTION TO THE PLAINTIFF'S TAKING THE PROPERTY LISTED ABOVE, YOU MAY ARRANGE FOR A HEARING ON THESE ISSUES BY APPEARING IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, BEFORE JUDGE/COMMISSIONER \_\_\_\_\_ OR ANY OTHER JUDGE/COMMISSIONER TO WHOM THE ACTION MAY BE ASSIGNED ON \_\_\_\_\_ AT \_\_\_\_\_. IF YOU DO NOT APPEAR AT THAT TIME, JUDGMENT WILL BE RENDERED AGAINST YOU FOR DELIVERY OF THE PROPERTY TO THE PLAINTIFF.

**Place to Appear**

Location (include room number)

If you require reasonable accommodations due to a disability to participate in the court process, please call \_\_\_\_\_ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

Plaintiff/Attorney	
Address	
Telephone Number	State Bar Number

\_\_\_\_\_  
Clerk/Attorney

\_\_\_\_\_  
Title (Print or Type Name if not eSigned)

\_\_\_\_\_  
Date