|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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- | | |
| On the far right, enter the original case number. | Affidavit for  Finding of Contempt  Case No. |
| Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file. | **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. | | |
|  |  | | | |
|  | 1. | The other party was court ordered to do the following and has failed to do so: | | |
| 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. |  | 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** | | |
|  |  |  | | |
| If you require reasonableaccommodations due to adisability 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. | State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires: | | ▶  Signature    Print or Type Name    Address    Email Address Telephone Number    Date State Bar No. (if any) | |
| Have the Notary Public sign and date. |
|  |  | |  | |
|  | 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. | | | |