

**PRINT in BLACK ink**

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>
Check marriage or paternity. If paternity, enter initials of child.	<b>In re the</b> <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Paternity of</b> _____,	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner:</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address	
On the far right, enter the original case number.	City                      State                      Zip                      Daytime phone number Vs.	<b>Order To Show Cause and Affidavit for Finding of Contempt</b>
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	<b>Respondent/Joint Petitioner:</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address	
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.	Case No. _____

Enter the name of the party you want to appear in court.
<b>For Court Use Only:</b> This section will be completed by the court.

**ORDER TO SHOW CAUSE**  
Upon the attached Affidavit, **IT IS ORDERED THAT:** \_\_\_\_\_  
**appear in person** at the following date and time:

Before: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m./p.m., or as soon as the matter may be heard,

To show cause why YOU should not be found in contempt of court as requested in the attached affidavit. *If you do not appear as indicated, the court may hold the hearing without you and grant the request, including issuing an order to have you arrested and committed to the county jail.* You also have a right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear without an attorney will be deemed a waiver of that right.

**IT IS FURTHER ORDERED** that:

- A copy of this order to show cause and affidavit be personally served upon all other parties **at least 5 business days** before the date of the hearing.
- Both parties **bring to court a fully completed, dated, and signed Financial Disclosure Statement** and all required attachments.

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

<b>For Court Use Only</b>
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## AFFIDAVIT FOR FINDING OF CONTEMPT

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.

IF the issues are related to legal custody or physical placement of a child, the Notice of Hearing and Petition to Enforce Physical Placement is available.

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

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

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 in 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 \$ \_\_\_\_\_.
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- 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 need help in this matter because of a disability, please call:**

**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.

Have the Notary Public sign, date, and seal the document.

\_\_\_\_\_  
 Signature

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

\_\_\_\_\_  
 Date

Subscribed and sworn to before me

on \_\_\_\_\_

\_\_\_\_\_  
 Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

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