

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Mark marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____ Petitioner/Joint Petitioner A
Enter the name and current mailing address of Petitioner/ Joint Petitioner A.	_____ Name (First, Middle and Last) _____ Street City State Zip
Enter the name and current mailing address of Respondent/ Joint Petitioner B.	and Respondent/Joint Petitioner B _____ Name (First, Middle and Last) _____ Street City State Zip
Enter the case number.	

**Motion for
New (De Novo) Hearing**

Case No. _____

Enter the name of the other party/parent. **To:** [Name] _____

Note: To review the decision of a harassment or domestic abuse injunction, use Motion for DeNovo Review of Temporary Restraining Order or Injunction, CV-503.
Enter the date [month, day, year] that the order was signed, and mark the boxes that describe the issue(s) you want heard again.

I request a new hearing on the following issue(s) heard on _____ by the Circuit Court Commissioner:

- Child Support
- Maintenance
- Legal Custody/Physical Placement
- Property and Debt Division
- Other: _____

1. I was present at the hearing on the above referenced date.
2. The order entered by the court commissioner was not the result of a stipulation entered between myself and any other parties.
3. I understand that I must file a Motion for a DeNovo Hearing within 20 calendar days of:
 - A. The date of the hearing if the Court Commissioner gave an oral decision at the time of the hearing.
OR
 - B. The day the Court Commissioner's written decision or order was mailed, because the Court Commissioner did not give an oral decision or order at the time of the hearing.
4. I am filing this Motion for a DeNovo Hearing within 20 calendar days of:
 - A. The Court Commissioner's oral decision given at the time of the hearing.
 - B. The mailing of the Court Commissioner's written decision or order, because the Court Commissioner did not give an oral decision or order at the time of the hearing.

Check only one box.

A separate notice of hearing will be provided.

The court may review any decision made by the Circuit Court Commissioner in the Order being reviewed.

If you require reasonable accommodations to participate in the court process due to a disability, 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 and print your name.
Enter the date in which you signed your name.
Note: This signature does not need to be notarized.

▶ _____
Signature

Print or Type Name

Address

Email Address Telephone Number

Date State Bar No. (if any)

Note: A copy of this request must be served by mail on all other parties who appeared at the original hearing.