

This form is available in Spanish. <https://www.wicourts.gov/forms1/circuit/index.htm>

Este formulario está disponible en español.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

[write the county in which your case is heard]

Case No. _____

[write the case number from your original case]

Notice of Motion and Motion to Change: [select the items you want changed]

- Legal Custody (important decision-making)
- Physical Placement (where the children live)
- Child Support
- Maintenance
- Arrears Payment (the amount paid each month to reduce the amount of unpaid child support or maintenance)
- Other: _____

Party A – You

Your full name

Mailing address

City, state, zip code

Telephone number

Party B – Other parent or party

Other parent's or party's full name

Mailing address

City, state, zip code

Telephone number

Is the Child Support Agency a party in your case? [If unsure, you may call your local Child Support Agency.]

- Yes No

NOTICE OF MOTION:

TO: _____

[write the other party's name]

IMPORTANT: A copy of this Notice of Motion and Motion must be served upon all other parties, including the Child Support Agency. **See the Service Packet (FA-5000V) for instructions about completing service using either of the following two options:**

- **Service by mail:** Mailing must be completed at least eight business days before the date of the hearing.
- **Personal service:** Service must be completed at least five business days before the date of the hearing.

TO BE COMPLETED BY THE COURT

This matter is scheduled for hearing in front of court official: _____

Location (in-person or remote): _____

Date (m/d/yyyy): _____ Time: _____

[You may contact the office of the family court commissioner for written information on modifying and enforcing court orders or judgments. Please review the most recent court order related to custody, physical placement, child support, maintenance, and arrears.]

What are the dates of the orders you want to change? _____

MOTION: I am asking the court to modify the selected items. I understand that I should support this request with evidence, including a completed Financial Disclosure Statement (FA-4139V) or Income and Expense Statement (FA-4138V).

[You must show why you want the court to make these changes and that the changes are in the best interests of the children.]

Check any of the substantial changes in circumstances that exist in your case:

- A child who was living with one parent is now living with the other parent.
- A child is no longer eligible for child support because EITHER they turned 18 OR they are 18 to 19 but no longer are pursuing a course of education leading to a high school diploma or its equivalent.
- Parent _____ [A or B] will be moving to a different residence.
 - Both parents will be moving to a different residence.
- Parents are no longer living together.
- There is not a placement schedule and you and the other parent cannot agree.
- The other parent is not exercising ordered periods of physical placement.
- Parent _____'s [A or B] employment or work shift has changed.
 - Both parents' employment or work shifts have changed.
- Parent _____'s [A or B] income or wages have changed.
 - Both parents' income or wages have changed.
- The availability or cost of health insurance has changed.
- The party who is ordered to receive maintenance has remarried or is deceased.
- Safety concerns about the other parent's interactions with the children.
- Other: _____

Please explain any of the above: [You may attach additional pages if you run out of space here.]

LEGAL CUSTODY (who can make major decisions about your children)

I would like legal custody to be changed to [choose option A, B, or C below] for the following children:

[write your children's names here]

- A. Joint, shared between parents.
- B. Sole, with Parent _____ [A or B].
- C. Other: _____

PHYSICAL PLACEMENT (the time your children spend with each parent)

I want the court to change the placement schedule, as explained below, for the following children:

[write your children's names here]

I will have physical placement of the children on these days and times:

[You may attach additional pages if you run out of space here.]

The other parent will have physical placement of the children on these days and times:

[You may attach additional pages if you run out of space here.]

Do you want placement to be supervised? Yes, for Parent _____ [A or B]. No.

NOTICE: The law requires the court to make a finding that it is in the child's best interest to award less than 25% placement.

CHILD SUPPORT

I want the court to change child support to an amount based on the state child support standards. I understand that the court will consider any requests to deviate from those standards.

I intend to ask the court to deviate from the child support standards for the following reasons:
[You may attach additional pages if you run out of space here.]

I want the new child support amount: [choose one of the following]

- A. To not include an adjustment for health insurance or any other reason.
- B. To include an adjustment of \$ _____
 upward downward for health insurance.

MAINTENANCE

I want the court to change maintenance to:

Party _____ [A or B] will pay: [choose one of the following]

A. An amount determined by the court based on current income.

B. A new amount of \$ _____ per _____ [timeframe].

ARREARS PAYMENT (the amount paid each month to reduce the amount of unpaid child support or maintenance)

I want the court to change arrears payments to:

Parent/Party _____ [A or B] will pay: [choose one of the following]

A. An amount determined by the court.

B. A new amount of \$ _____ per _____ [timeframe].

OTHER: _____

Please describe any other change you want the court to make:

[You may attach additional pages if you run out of space here.]

ADDITIONAL INFORMATION IS ATTACHED

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.

Signature

Print or type name

Mailing address

City, state, zip code

Email address

Telephone number

Date

State Bar No. (if any)