Respondent/Joint Petitioner B	:	ı
Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT,  COUNTY	
Mark marriage or paternity. If paternity,	IN RE: THE   MARRIAGE   PATERNITY OF	
enter initials of child.  Enter the name, address	Petitioner/Joint Petitioner A	
and daytime phone number of the petitioner or joint petitioner from the	Name (First, Middle and Last)	
original case file.  On the far right, mark the box for the change(s) you	Current Mailing Address  City State Zip Daytime Phone Number	
are requesting and enter the original case number.	-vs-	Notice of Motion and
Enter the name, address, and daytime phone	Respondent/Joint Petitioner B	Motion to Change  ☐ Legal Custody  ☐ Rhysical Blacement
number of the respondent or joint petitioner from the original case file.	Name (First, Middle and Last)	<ul><li>☐ Physical Placement</li><li>☐ Child Support</li><li>☐ Maintenance</li></ul>
Check if the State of	Current Mailing Address	☐ Arrears Payment
Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	City State Zip Daytime Phone Number  The State of Wisconsin (Child Support Agency)  is  is not a party to this action.	Other:
	NOTICE OF MOTION	
Enter the name of the person to whom this motion is directed.	TO:	
	You are notified that at the following date and t	ime:
For Court Use Only: This section will be	BeforeLocation	
completed by the court.	Time	a.m.
	or as soon as the matter may be heard.	
	I will be asking the court to change the existing order in this of the street of the s	
	You may contact the office of the family court commissioner modifying and enforcing court orders or judgments.	for written information on
	MOTION	
	<ol> <li>MODIFY as follows:</li> <li>A. Physical Placement Order(s) (time with children)</li> </ol>	) for the following children:
	1) from primary physical placement with [Normal of Parent with [Name of	
	2) from shared placement to primary place     3) from primary placement to shared place	ement with [Name of Parent]

Petitioner/Joint Petitioner A:Respondent/Joint Petitioner B:		
Check A if you are		4) from the current shared placement schedule (if any) to a new shared placement schedule.  ne requested placement schedule for the changes in 1-4 above is as follows:
requesting a change to physical placement, list the children affected, check 1-4 and/or 5 and/or 6-7 and complete the necessary information.  Indicate if you have or		See attached  5) If either parent is receiving less than 25% placement with the minor child(ren), the specific reasons more placement with that parent is not in the child(ren)'s best interest is as follows:
have not attempted Mediation. If you have, indicate the date of the Mediation session.		See attached  to require placement with [Name of Parent] be supervised unsupervised.
		7) Other: See attached
	Th	ne other party and I attempted mediation on [Date]  have not attempted mediation for this issue.
Check B if you are requesting a change to	☐ B. <b>Le</b>	egal Custody (decision making) for the following children:
legal custody, list the children affected, check 1, 2, or 3 and complete the necessary information.		to joint legal custody with both parents.     to sole legal custody with [Name of Parent]      Other: See attached
Check C if you are requesting changes to child support orders. In 1, enter the amount and frequency of the current payment and check whether it includes a deviation for health insurance.	□ C. <b>C</b> r	a. does not include a deviation for health insurance or any other reason.  b. does include a deviation of \$ upward  downward for health insurance.
In 2, check a, b, or c.		2) to a new amount beginning to be paid by [Parent] to [Parent]  a. based on state child support standards determined by the court.  b. a new set amount of \$ per  c. held open (no payment).  I request that this new amount
Check 1 or 2, indicate deviation information.		<ul> <li>1. not include a deviation for health insurance or any other reason.</li> <li>2. include a deviation of \$</li> <li>upward  downward as a cash contribution for health insurance.</li> </ul>
Check all that apply in D or E, and complete all relevant information for each section checked		aintenance (Spousal Support) that is currently \$ per to   1) an amount beginning, 20 to be determined by the court based on current income.    2) a new set amount of \$ per beginning . 20 .
	☐ E. Ar	rears payment that is currently \$ per to  1) an amount beginning, 20 to be
		determined by the court.  2) a new set amount of \$ per beginning

I will be able to provide documentation to the court that supports my request.

\_\_, 20\_\_\_\_.

Petitioner/Joint Petitioner A: Respondent/Joint Petitioner B: _		
	OTICE: Both parties must bring a fully completed, dated, and signed Financial Disclosure Statement to court.	
In F, enter any other changes you may have.	☐ F. Other change(s): See atta	 ached
In 2, enter the date the current court order or judgment was signed by a court official	<ol> <li>The court order that I am asking to be modified was dated</li> <li>This request is based on the following substantial change in circumstances occurred since the entry of the prior court order in this case.</li> </ol>	
In 3, check all that apply in A-J. If F or G, enter the party's information that has changed. If other, enter the change in circumstance that has prompted you to bring this Motion.	<ul> <li>A. A child who was living with the other parent is now living with me.</li> <li>B. A child is no longer eligible for child support because the child has reached 18, or is over 18 but under 19, and is no longer pursuing a course of educate leading to a high school diploma or its equivalent.</li> <li>C. One of the parties has or will be moving to a different residence.</li> <li>D. The parties are no longer living together.</li> <li>E. There is not a placement schedule and the parties cannot agree.</li> <li>F. Employment or work shift of</li></ul>	
Describe the facts that justify the change you want. Attach additional	This is a substantial change in circumstances because:	
pages, if necessary	☐ See atta	— ached
1 -	ommodations due to a disability to participate in the court process, please call:ate. Please note that the court does not provide transportation.	
	<b>▶</b> Signature	
Sign and print your name.  Enter the date on which	Print or Type Name	
you signed your name.	Address	
NOTE: This signature		
does not need to be notarized.	Email Address Telephone No.	umber

A copy of this Notice of Motion and Motion must be served upon all other parties at least 5 (five) business days before the date of the hearing. If service is by mail, it must be mailed at least 8 (eight) business days before the date of the hearing. See the Service Packet (FA-5000V) <a href="https://www.wicourts.gov/formdisplay/FA-5000V">https://www.wicourts.gov/formdisplay/FA-5000V</a> instructions.pdf?formNumber=FA-5000V&formType=Instructions&formatId=2&language=en for more information.

Date

State Bar No. (if any)