

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
Check 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 _____ and
Enter the name and current mailing address of Respondent/ Joint Petitioner B.	Respondent/Joint Petitioner B Name (First, Middle and Last) _____ Street _____ City _____ State _____ Zip _____
Enter the case number.	_____

Motion for and Notice of New (De Novo) Hearing

Case No. _____

Enter the name of the other party/parent.	To: Name _____
To review the decision of a harassment or domestic abuse injunction, use Motion for DeNovo Hearing, CV-503. Enter the date [month, day, year] that the order was signed, the name of the circuit court commissioner who granted the order, and mark the boxes that describe the issue(s) you want heard again.	I request a new hearing on the following issue(s) decided on _____ by the Circuit Court Commissioner: <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance/Family Support <input type="checkbox"/> Legal Custody/Physical Placement <input type="checkbox"/> Property and Debt Division <input type="checkbox"/> Other: _____
Check 1 or 2. If 1, attach a copy of the signed order.	<input type="checkbox"/> 1. I have attached a copy of the signed Order from the above hearing date. <input type="checkbox"/> 2. I have not yet received a copy of the signed Order from the above hearing.

The De Novo Hearing is scheduled:

Before _____
Circuit Court Judge

Location _____

Date _____ Time _____ a.m. p.m.

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

For Court Use Only: The Clerk will complete this section.	If you require reasonable accommodations to participate in the court process due to a disability, please call _____ at least 10 days prior to the scheduled court date. Please note that the court does not provide transportation.
Sign and print your name.	_____
Enter the date in which you signed your name.	Signature _____
Note: This signature does not need to be notarized.	Print or Type Name _____
	Date _____

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