PRINT in INK

Enter the name of the county in which the original case was filed.	**STATE OF WISCONSIN, CIRCUIT COURT,** _____ **COUNTY**
Check marriage or paternity. If paternity, enter initials of child.	In RE: The ☐ marriage ☐ paternity of _____
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	**Petitioner/Joint Petitioner**: First name Middle name Last name Current Mailing Address City State Zip Daytime phone number
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	-vs.-
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	**Respondent/Joint Petitioner**: First name Middle name Last name Current Mailing Address City State Zip Daytime phone number
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) ☐ **is** ☐ **is not** a party to this action.

Affidavit To Show Cause and to Change:

☐ Legal Custody
☐ Physical Placement
☐ Child Support
☐ Maintenance
☐ Other: _____

Case No. _____

Check A if you are requesting a change to physical placement, list the children affected, check 1-4 and/or 5 and/or 6 and complete the necessary information.

Indicate if you have or have not attempted Mediation. If you have, indicate the date of the Mediation session.

1. Modify as follows:

☐ A. **Physical Placement Order(s)** (time with children) for the following children: _____

☐ 1. from primary physical placement with [Name of Parent] _____
to primary placement with [Name of Parent] _____

☐ 2. from shared placement to primary placement with [Name of Parent] _____

☐ 3. from primary placement to shared placement.

☐ 4. from the current shared placement schedule (if any) to a new shared placement schedule.

The requested placement schedule for the changes in 1-4 above is as follows:

_____

☐ **See attached**

☐ 5. to require placement with (Name of Parent) _____
be ☐ supervised. ☐ unsupervised.

☐ 6. Other: _____

☐ **See attached**

The other party and I ☐ attempted mediation on [Date] _____.
☐ have not attempted mediation for this issue.

Check B if you are requesting a change to legal custody, list the children affected, check 1, 2, or 3 and complete the necessary information.

☐ B. **Legal Custody** (decision making) for the following children: _____

☐ 1. to joint legal custody with both parents.

☐ 2. to sole legal custody with [Name of Parent] _____

☐ 3. Other: _____

☐ **See attached**

Check C if you are requesting changes to support orders.

Check 1 if you are requesting changes to child support, enter the amount and frequency of the current payment and check whether it includes a deviation for health insurance. In b, check 1, 2, or 3.

Check A or B, indicate deviation information.

☐ C. Change the following support orders as follows:

☐ 1. **Child support**

a. that is currently $_____ per _____ that

☐ 1. does not include a deviation for health insurance or any other reason.

☐ 2. does include a deviation of $ _____ ☐ upward ☐ downward for health insurance.

b. To a new amount beginning _____ to be paid by [Parent] _____ to [Parent] _____

☐ 1. based on state child support standards determined by the court.

☐ 2. a new set amount of $_____ per _____.

☐ 3. held open (no payment).

I request that this new amount

☐ A. not include a deviation for health insurance or any other reason.

☐ B. include a deviation of $ _____ ☐ upward ☐ downward as a cash contribution for health insurance.

☐ 2. **Maintenance** (Spousal Support) that is currently $_____per _____ to

☐ a. an amount beginning _____, 20_____ to be determined by the court based on current income.

☐ b. a new set amount of $_____ per _____beginning _____, 20_____.

☐ 3. **Arrears payment** that is currently $_____per _____ to

☐ a. an amount beginning _____, 20_____ to be determined by the court.

☐ b. a new set amount of $_____ per _____ beginning _____, 20_____.

4. ☐ **Arrears balance** as it is currently reflected in the WI SCTF KIDS computer system as $_____ to $_____because

☐ a. I have made support or other payments directly to the other party.

☐ b. I dispute the amount that is currently on record.

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

NOTICE: Both parties must bring to court their fully completed, dated, and signed Financial Disclosure Statement and all required attachments.

In D, enter any other changes you may have.

☐ D. Other change(s): _____

_____

_____

☐ **See attached**

In 2, enter the date the current court order or judgment was signed by a court official.

2. The court order that I am asking to be modified was dated _____.

In 3, check all that apply in A-I. If E or F, enter the party's information that has changed. If other, enter the change in circumstance that has prompted you to bring this Motion.

3. This request is based on the following substantial change in circumstances that have occurred since the entry of the prior court order in this case:

☐ A. A child who was living with the other parent is now living with me.

☐ B. A child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.

☐ C. One of the parties has or will be moving to a different residence.

☐ D. There is not a placement schedule and the parties cannot agree.

☐ E. Employment or work shift of _____ has changed.

☐ both parties has changed.

☐ F. Income or wages of _____ has changed.

☐ both parties has changed.

☐ G. The availability or cost of health insurance has changed.

☐ H. The party to whom I owe maintenance has remarried.

☐ I. Other: _____

4. The facts explaining the substantial change in circumstances or deviation in child support percentage standard are:

In 4, describe the facts that justify the change you want. Attach additional pages, if necessary.

_____
_____
_____
_____
_____
_____
_____

☐ **See attached**

If you require reasonable accommodations due to a disability to participate in the court process, please call: _____ at least ten (10) working days prior to the scheduled court date. Please note that the court does not provide transportation.

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.

▶ _____
Signature

_____
Print or Type Name

_____
Date

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

State of _____
County of _____
Subscribed and sworn to before me on _____

_____
Notary Public/Court Official

(SEAL)

_____
Name Printed or Typed

My commission/term expires: _____

A copy of this Affidavit to Show Cause and Order must be served upon all other parties **at least 5 business days** before the date of the hearing. See the Service Packet (FA-5000) for more information.