

PRINT in BLACK 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 <input type="checkbox"/> marriage <input type="checkbox"/> 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, enter the original case number.	<div style="text-align: center;">Decision & Order For Contempt</div> <input type="checkbox"/> Arrest and Commitment Order
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	vs. Respondent/Joint Petitioner: _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number The State of Wisconsin: (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action. Case No. _____

<p style="text-align: center;">STOP! Do not complete the remainder of this form unless required by the court official who is hearing this case.</p>	<p>HEARING A hearing was conducted in this matter as follows:</p> <p>1. Before: _____ Circuit Court Judge/ Circuit Court Commissioner</p> <p>2. Location: _____ _____</p> <p>3. Date: _____</p>
Enter the name of the court official who held the hearing and the address and date [month, day, year] of the hearing.	APPEARANCES
Check one box from 1 and check a or b. If b, enter the name of the attorney.	<p>1. Former Wife/Mother: <input type="checkbox"/> appeared in person <input type="checkbox"/> appeared by phone <input type="checkbox"/> did not appear AND A. <input type="checkbox"/> was self-represented. B. <input type="checkbox"/> was represented by Attorney _____.</p>
Check one box from 2 and check a or b. If b, enter the name of the attorney.	<p>2. Former Husband/Father: <input type="checkbox"/> appeared in person <input type="checkbox"/> appeared by phone <input type="checkbox"/> did not appear AND A. <input type="checkbox"/> was self-represented. B. <input type="checkbox"/> was represented by Attorney _____.</p>
Check a, b, c, or d. If b, c, or d, enter the name of the individual who appeared.	<p>3. Others appearing at the hearing: A. <input type="checkbox"/> None. B. <input type="checkbox"/> Child Support Agency by _____. C. <input type="checkbox"/> Guardian ad Litem (GAL) _____. D. <input type="checkbox"/> Other: _____.</p>

FINDINGS and ORDER

Based on the findings and reasons stated. **IT IS ORDERED:**

1. The Order to Show Cause requested that _____ be found in **Contempt**.

- A. The above named party IS NOT found to be in **Contempt**.
- B. The above named party has intentionally and without legal justification failed to comply with a court order and IS found in **Contempt** for failure to:
 - 1. Pay child support in the amount of \$ _____ per _____.
 - 2. Pay maintenance (spousal support) in the amount of \$ _____ per _____.
 - 3. Pay family support in the amount of \$ _____ per _____.
 - 4. Pay uninsured medical bills in the total amount of \$ _____.
 - 5. Return property that was awarded to the other party.
 - 6. Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.).
 - 7. Pay debts that he/she was ordered to pay.
 - 8. Pay the amount of \$ _____ to equalize the property settlement.
 - 9. Allow the other party to claim the children as tax exemptions as ordered.
 - 10. Provide medical insurance cards and/or other medical records.
 - 11. Pay transportation expenses related to placement in the total amount of \$ _____.
 - 12. Other: _____
 - 13. Other: _____

2. **Remedial Sanctions** (requirements to force compliance with a court order)

- A. No Remedial Sanctions are ordered.
- B. The party named in #1 above is ordered arrested and committed to the County jail for _____ days.
 - 1. With Huber (Work Release) Privileges.
 - 2. Without Huber (Work Release) Privileges.
- C. Other Sanctions as follows: _____
- D. **Effective Date: The Remedial Sanction in B & C above is:**
 - 1. Made effective immediately _____.
 - 2. Stayed (delayed) until _____
 - At which time the party shall report to the County Jail if not in full compliance.

3. **Purge Terms:** The party is given the ability to purge (get rid of) the contempt by:

- A. No purge terms are ordered.
 - B. Paying \$ _____
 - 1. In a one time payment by the following date _____
 - 2. Per month beginning _____ until _____
 - a. (date) _____
 - b. All arrears balances are paid in full.
 - c. Other: _____
 - C. Other as follows: _____
- See attached**

4. **Payments shall be made:**

- A. No payments are ordered to be made.
- B. to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200.
 - 1. Directly from the payer to WI SCTF (**only allowable if self-employed**).
 - 2. By income assignment from the payer's employer as indicated below:
 - Employer name: _____
 - Address of payroll office: _____
 - City: _____ State: _____ Zip: _____
 - Phone: _____ Fax: _____

Enter the name of the party who was requested to be found in contempt.

Check A or B.

If B, check all that apply in 1-13 for which the party was found in contempt and enter the corresponding information.

Check A, B, and/or C.

If B, enter the number of days sentenced and check 1 or 2 to indicate if work release privileges were granted.

If C, enter the other punishments.

If B or C, complete D by checking 1 or 2 and entering the date.

Check A, B, and/or C.

If B, enter the amount and the method of payment the court ordered.

If C, enter the other terms under which the party may get out of contempt.

Mark how the court ordered the payments to be made.

Enter other orders made by the court.

5. Other order(s): _____

See attached

Check A or B. If B, enter the date and time of the review hearing, the judge who will preside, and the room number where

6. **A future hearing**
A. is NOT required.
B. is set for (date) _____ time _____ am/pm
before _____ in Room # _____.

7. Both parties shall notify the Clerk of Courts and the local Child Support Agency in writing, within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file moving papers to change this order.

8. If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Court's within the time period established by local court rule.

9. If this matter was heard by a Circuit Court Judge, this is a final judgment/order for purposes of appeal.

FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT AND MAY RESULT IN A JAIL SENTENCE.

BY THE COURT:

For Court Use Only

Circuit Court Judge/Court Commissioner

Title (Print or Type Name if not eSigned)

Date

RATIFICATION AND CONFIRMATION

This Order of the Court Commissioner is ratified and confirmed as an Order of the Circuit Court.

BY THE COURT:

For Court Use Only

Circuit Court Judge

Title (Print or Type Name if not eSigned)

Date

When you submit this order to the court, you must send copies to the other parties. The other party has up to 5 business days to object to the accuracy of this order.