

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

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 A**

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip Daytime phone number

-VS-

**Respondent/Joint Petitioner B**

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip Daytime phone number

On the far right, enter the original case number.

**Decision and Order For Contempt**

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.

The State of Wisconsin: (Child Support Agency)

**is**  
 **is not** a party to this action.

Case No. \_\_\_\_\_

**STOP!**  
**Do not complete the remainder of this form unless required by the court official who is hearing this case.**

**HEARING**

**A hearing was conducted in this matter as follows:**

Enter the name of the court official who held the hearing and the address and date [month, day, year] of the hearing.

1. Before \_\_\_\_\_  
Circuit Court Judge/ Circuit Court Commissioner

2. Location \_\_\_\_\_

3. Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

**APPEARANCES**

Check one box from 1 and check a or b. If b, enter the name of the attorney.

1. **Former Petitioner/Joint Petitioner A**  
 appeared **in person**  appeared **by phone**  **did not appear** **AND**  
 A. was self-represented.  
 B. was represented by Attorney \_\_\_\_\_.

Check one box from 2 and check a or b. If b, enter the name of the attorney.

2. **Former Respondent/Joint Petitioner B**  
 appeared **in person**  appeared **by phone**  **did not appear** **AND**  
 A. was self-represented.  
 B. was represented by Attorney \_\_\_\_\_.

Check a, b, c, or d.  
If b, c, or d, enter the  
name of the individual  
who appeared.

3. Others appearing at the hearing:
- A. None.
  - B. Child Support Agency by \_\_\_\_\_.
  - C. Guardian ad Litem (GAL) \_\_\_\_\_.
  - D. Other: \_\_\_\_\_.

### FINDINGS and ORDER

Based on the findings and reasons stated,

#### IT IS ORDERED:

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 1-14 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.

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/variable costs 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) Follow legal custody/physical placement order.
    - 13) Other: \_\_\_\_\_.
    - 14) 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] \_\_\_\_\_, 20\_\_\_\_\_.
      - b. All arrears balances are paid in full.
      - c. Other: \_\_\_\_\_.
  - C. Other as follows: \_\_\_\_\_

See attached

Mark how the court ordered the payments to be made.

**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 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 the hearing will take place.

**6. A future hearing**

- A.  is NOT required.
- B.  is set for [Date] \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m. before \_\_\_\_\_ in Room # \_\_\_\_\_.

- 7. Both parties shall notify the Clerk of Court 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 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 MAY RESULT IN A JAIL SENTENCE.**

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner  
  
\_\_\_\_\_  
Title (Print or Type Name if not eSigned)  
  
\_\_\_\_\_  
Date

**For Court Use Only.**

**RATIFICATION AND CONFIRMATION**

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

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge  
  
\_\_\_\_\_  
Title (Print or Type Name if not eSigned)  
  
\_\_\_\_\_  
Date

**For Court Use Only.**

**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.**