

Petitioner/Joint Petitioner A: \_\_\_\_\_

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

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY</b>
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.	<b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number
On the far right, enter the original case number.	-VS- <b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	The State of Wisconsin: (Child Support Agency) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.

**Decision and Order For Contempt**  
 **Arrest and Commitment Order**

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**

<p>Check one box from 1 and check a or b. If b, enter the name of the attorney.</p>
<p>Check one box from 2 and check a or b. If b, enter the name of the attorney.</p>
<p>Check a, b, c, or d. If b, c, or d, enter the name of the individual who appeared.</p>

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

<p>Enter the name of the party who was requested to be found in contempt.</p> <p>Check A or B.</p> <p>If B, check all that apply in 1-14 for which the party was found in contempt and enter the corresponding information.</p>
<p>Check A, B, and/or C.</p> <p>If B, enter the number of days sentenced and check 1 or 2 to indicate if work release privileges were granted.</p> <p>If C, enter the other punishments.</p> <p>If B or C, complete D by checking 1 or 2 and entering the date.</p>

- 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: \_\_\_\_\_
- 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.

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

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.

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.

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**

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: \_\_\_\_\_

5. Other order(s): \_\_\_\_\_  **See attached**

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.**

### RATIFICATION AND CONFIRMATION

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

**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.**