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| --- | --- | --- |
| Enter the name of the county in which the original case was filed. | **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| Mark marriage or paternity. If paternity, enter initials of child. | In RE: The [ ]  marriage [ ]  paternity of       **Petitioner/Joint Petitioner A**      Name (First, Middle and Last)      Current Mailing Address      City State Zip Daytime Phone Number-vs- |
| Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file. |
| On the far right, mark the box for the change(s) you are requesting and enter the original case number. |
| **Notice of Motion and Motion to Change**[ ]  **Legal Custody**[ ]  **Physical Placement**[ ]  **Child Support**[ ]  **Maintenance**[ ]  **Arrears Payment**[ ]  **Other:**       Case No.        |
| Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file. | **Respondent/Joint Petitioner B**      Name (First, Middle and Last)      Current Mailing Address      City State Zip Daytime Phone NumberThe State of Wisconsin (Child Support Agency) [ ]  is [ ]  is not a party to this action. |
| Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency. |
|  |  |  |
|  | **NOTICE OF MOTION**  |
| Enter the name of the person to whom this motion is directed. | TO:        |
| **For Court Use Only:** This section will be completed by the court. | **You are notified that at the following date and time:**  |
| Before        |
| Location        |
|         |
| Date       Time       [ ]  a.m. [ ]  p.m., |
|  |
|  | or as soon as the matter may be heard. |
|  |  |
|  | I will be asking the court to change the existing order in this case as indicated below. *If you object to this motion, you need to appear and say so. Otherwise, the court may proceed without you and grant the request.* |
|  | You may contact the office of the family court commissioner for written information on modifying and enforcing court orders or judgments. |
|  |  |
|  | **MOTION** |
|  |  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. |
| Check A if you are requesting a change to physical placement, list the children affected, check 1-4 and/or 5 and/or 6-7 and complete the necessary information. Indicate if you have or have not attempted Mediation. If you have, indicate the date of the Mediation session. |  |  | [ ]  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) | If either parent is receiving less than 25% placement with the minor child(ren), the specific reasons more placement with that parent is not in the child(ren)’s best interest is as follows:       |
|  |  |  | [ ]  **See attached** |
|  |  | [ ]  6) | to require placement with [Name of Parent]       be [ ]  supervised. [ ]  unsupervised. |
|  |  |  |  |
|  |  | [ ]  7) | 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 child support orders. In 1, enter the amount and frequency of the current payment and check whether it includes a deviation for health insurance. |  | [ ]  C. | **Child Support** |
|  |  |  1) | that is currently $      per       that |
|  |  |  | [ ]  a. | does not include a deviation for health insurance or any other reason. |
|  |  |  | [ ]  b. | does include a deviation of $       [ ]  upward [ ]  downward for health insurance. |
| In 2, check a, b, or c. |  |  |  2) | to a new amount beginning       to be paid by [Parent]       to [Parent]        |
|  |  |  |  | [ ]  a. | based on state child support standards determined by the court. |
|  |  |  |  | [ ]  b. | a new set amount of $      per       . |
|  |  |  |  | [ ]  c. | held open (no payment). |
|  |  |  |  |  | I request that this new amount |
| Check 1 or 2, indicate deviation information. |  |  |  |  | [ ]  1. | not include a deviation for health insurance or any other reason. |
|  |  |  |  | [ ]  2. | include a deviation of $       [ ]  upward [ ]  downward as a cash contribution for health insurance. |
| Check all that apply in D or E, and complete all relevant information for each section checked |  | [ ]  D. | **Maintenance** (Spousal Support) that is currently $      per       to |
|  |  | [ ]  1) | an amount beginning       , 20      to be determined by the court based on current income. |
|  |  | [ ]  2) | a new set amount of $      per       beginning       , 20     . |
|  |  | [ ]  E. | **Arrears payment** that is currently $      per       to |
|  |  |  | [ ]  1) | an amount beginning       , 20      to be determined by the court. |
|  |  |  | [ ]  2) | a new set amount of $      per       beginning       , 20     . |
|  |  |  |  |  |
|  |  | **I will be able to provide documentation to the court that supports my request.**  |
|  |  |  |
|  | **NOTICE: Both parties must bring a fully completed, dated, and signed Financial Disclosure Statement to court.** |
| In F, enter any other changes you may have. |  | [ ]  F. | 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       . |
|  |  |  |  |
|  3. | This request is based on the following substantial change in circumstancesthat have occurred since the entry of the prior court order in this case. |
| In 3, check all that apply in A-J. If F or G, enter the party’s information that has changed. If other, enter the change in circumstance that has prompted you to bring this Motion. |  | [ ]  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. | The parties are no longer living together. |
|  | [ ]  E. | There is not a placement schedule and the parties cannot agree. |
|  | [ ]  F. | Employment or work shift of       has changed. |
|  |  | [ ]  both parties has changed. |
|  | [ ]  G. | Income or wages of       has changed. |
|  |  | [ ]  both parties has changed. |
|  | [ ]  H. | The availability or cost of health insurance has changed. |
|  | [ ]  I. | The party to whom maintenance is owed has remarried. |
|  | [ ]  J. | Other:        |
|  |  |  |  |
| Describe the facts that justify the change you want. Attach additional pages, if necessary |  | This is a substantial change in circumstances because:  |
|  |         |
|  |  |  | [ ]  **See attached** |
|  |  |  |  |
| If you require reasonable accommodations due to a disability to participate in the court process, please call:       prior to the scheduled court date. Please note that the court does not provide transportation. |
|  |  |  |  |  |
| Sign and print your name.Enter the date on which you signed your name.**NOTE:** This signature does not need to be notarized. |  | ►       Signature      Print or Type Name      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |  |  |  |
|  | A copy of this Notice of Motion and Motion must be served upon all other parties at least 5 (five) business days before the date of the hearing. If service is by mail, it must be mailed at least 8 (eight) business days before the date of the hearing. See the Service Packet (FA-5000V) <https://www.wicourts.gov/formdisplay/FA-5000V_instructions.pdf?formNumber=FA-5000V&formType=Instructions&formatId=2&language=en> for more information. |