|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Number  The 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. | | | | | | | |