

Instructions for Completion and Submission of: Order to Show Cause and Affidavit for Finding of Contempt

(There is No Cost for Filing)

Procedure Checklist

- Complete** FA-4172VA Affidavit for Finding of Contempt and FA-4172VB Order to Show Cause for Finding of Contempt
 - **Complete** form FA-4172VA by following the instructions on the left side of the form. Be sure to include your Eau Claire County case number
 - If not already done on FA-4172VB, **Complete** the Order to Show Cause as follows:
 - Fill in top caption section with party names, current addresses, and your Eau Claire County case number
 - Indicate whether The State of Wisconsin (Child Support Agency) is a party to your action or not
 - The Affidavit was filed on **[fill in date you file the paperwork]**
 - It is Ordered that **[fill in name of other party]** appear in person
 - Before: **Family Court Commissioner**
 - Location: **721 Oxford Avenue Eau Claire, WI 54703**
 - **Call** the Court Commissioner's Judicial Assistant at 715-839-6029 to obtain a date and time for hearing and write this information where designated on the FA-4172VB Order to Show Cause document.
 - **Complete #1 - #3** on the Affidavit for Contempt, FA-4172VA being sure to state the facts supporting your motion for contempt in number 3.
- Make 2 copies** of the document and attachments, if any (**3 copies are needed if Child Support is a party to the case**).
 - A courtesy copier is available in the lobby of the Law Enforcement Center on the first floor of the Government Center for 25¢ per page. The Clerk of Court office charges \$1.25/page for copies.
- Bring** Original and copies to Clerk of Courts for filing during regular business hours along with a self-addressed stamped envelope so your copies can be returned to you once the Court Official has signed the Order.
 - The Clerk will obtain a Court Official signature where indicated on the Order document, file stamp all three copies, keep one copy, and mail the original and a copy to you.
- Keep the original** for yourself and **serve** the copy on the respondent.
 - See Personal Service Instruction Form FA-5000 for your service options and requirements
- File Proof of Service** with the Clerk of Court prior to the hearing date.
 - You should also remit the receipt for any costs you incurred for service which the Court may consider awarding to you
 - **The court will not hold a hearing without proof of service.**
- Attend** hearing
 - The hearing will be held in person with the Court Commissioner
 - Please arrive 5-10 minutes prior to the time you set for the hearing
 - The hearing is scheduled for 30 minutes only
 - What can I expect to occur at the hearing?
 - The court will direct the hearing if the parties are appearing without counsel.
 - The court will give both parties an opportunity to speak at the hearing.
 - The court will make a finding based upon the evidence and testimony given.

Court staff may not provide legal advice or recommend a specific course of action for an individual. (Supreme Court Rule 70.41)

All numbered forms referenced can be found at www.wicourts.gov under forms → circuit court → family → view all family forms

See the Clerk of Courts website for further information at: <http://www.co.eau-claire.wi.us/departments/departments-a-k/clerk-of-courts>

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, <u>EAU CLAIRE</u> 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 A _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number -VS-
On the far right, enter the original case number.	Respondent/Joint Petitioner B _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number
Check if the State of WI is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.
Enter the name of the party you want to appear in court.	The Affidavit was filed on [Date] _____, IT IS ORDERED THAT _____ appear in person:
For Court Use Only: This section will be completed by the court.	Before: _____ Location: <u>Eau Claire County Government Center</u> <u>721 Oxford Avenue, Eau Claire, WI 54703</u> Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m., or as soon as the matter may be heard.

Order to Show Cause for Finding of Contempt

Case No. _____

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

To show cause why YOU should not be found in contempt of court as requested in the affidavit. You must appear and provide the court information about your compliance with the court order, including your ability to pay or otherwise comply with the order. *If you do not appear as indicated, the court may hold the hearing without you and grant the request, including issuing an order to have you arrested and committed to the county jail.* You also have a right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear without an attorney will be deemed a waiver of that right.

IT IS FURTHER ORDERED:

- A copy of the order to show cause and affidavit must be personally served upon all other parties **at least 5 business days** before the date of the hearing, unless otherwise authorized by law. See Service Packet (FA-5000) for more information.
- Both parties **bring a fully completed, dated, and signed Income and Expense Statement to court.**

If you require reasonable accommodations due to a disability to participate in the court process, please call: 715-839-4816 prior to the scheduled court date. Please note that the court does not provide transportation.

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Enter the name of the county in which the original case was filed.

Mark marriage or paternity. If paternity, enter initials of child.

Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.

On the far right, enter the original case number.

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.

STATE OF WISCONSIN, CIRCUIT COURT,
EAU CLAIRE COUNTY

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-

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.

**Affidavit for
Finding of Contempt**
Case No. _____

Check all those categories for which you believe the other party is in contempt. If other, mark the box and write for what you believe the other party is in contempt.

- The other party was court ordered to do the following and has failed to do so:
 - Pay child support in the amount of \$_____ per _____.
 - Pay maintenance (spousal support) in the amount of \$_____ per _____.
 - Pay family support in the amount of \$_____ per _____.
 - Pay uninsured medical bills/variable costs the total amount of \$_____.
 - Copies of the unpaid bills are attached to this Affidavit.**
 - Return property that was awarded to me.
 - Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.).
 - Pay debts that he/she was ordered to pay.
 - Pay the amount of \$_____ to equalize the property settlement.
 - Allow me to claim the children as tax exemptions as ordered.
 - Provide medical insurance cards and/or other medical records.
 - Pay transportation expenses related to placement in the total amount of \$_____.
 - Follow legal custody/physical placement order.
 - Other: _____
 - Other: _____

Enter the date the current court order or judgment was signed by a court official.

Enter the facts that support your claim. If you need additional space, mark the box and attach the sheets.

- The court order that I am asking to be enforced was dated: _____.
- The facts supporting my reasons for believing that the other party is in contempt are as follows:

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.

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Sign this document WITHOUT a Notary Public.

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

A copy of this Affidavit and Order to Show Cause must be served upon all other parties **at least 5 business days** before the date of the hearing. See Service Packet (FA-5000) for more information.