

# Instructions for Completion and Submission of: Order to Show Cause and Affidavit to Change

Filing Fee: \$50 for motions relating to custody & placement  
\$30 for all other motions

## Procedure Checklist

- Complete** FA-4171VA Affidavit to show cause and to change and FA-4171VB Order to Show Cause
  - **Complete** the form 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, **Complete** the Order to Show Cause portion as follows:
    - Before: **Family Court Commissioner**
    - Location: **Hearing by Zoom – see attached Instructions for How to Appear Remotely**
  - **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
  - **Complete** pages 1-3 of the 3-page form being sure to state the facts explaining the substantial change in circumstances as indicated on page 3 number 4.
  - If your motion is regarding **custody and/or placement** and you have not mediated the issue recently, you will need to complete and file a Referral and Order for Mediation which can be found in the Clerk of Courts forms tower.
- Make 2 copies** of the document and attachments, if any. **3 copies are needed if Child Support is a party to the case.**
- Bring** Original and copies to Clerk of Courts along with the correct filing fee, as indicated above, in the form of cash, debit/credit card, or check or money order payable to Clerk of Court. (Complete form CV-410 Petition for Waiver of Fees and Costs if requesting waiver of filing fee.)
- You must also provide** the clerk 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 do the following:

  - Receipt your filing fee.
  - Obtain a Court Official signature where indicated on the Order document.
  - File stamp all three copies, keep the original, and mail the two copies to you (one for service and one for your records).
- Have papers served** on the opposing party
  - You are required to have the other party **personally** served with these papers and to file a **Proof of service** document with the Clerk of Courts as soon as possible. See [Personal](#) Service on the Clerk of Court website or Form FA-5000 on [wicourts.gov](http://wicourts.gov) for your service options.
- File Proof of Service** document with the Clerk of Courts
- Attend hearing**
  - The hearing will be held remotely by Zoom.
  - You must call in or log on at least 5 minutes prior to the time hearing time
  - 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 attempt to see if the parties can agree on a mutual placement order.
    - If the parties can not agree, the court may issue a **temporary** placement order plus order the parties to attend TRY Mediation in an attempt to resolve their issues.
    - If the parties are unable to reach an agreement after mediation, the court may order the appointment of a Guardian Ad Litem (GAL).
  - What is a Guardian Ad Litem (GAL) and how does that work?

- A GAL is an Attorney appointed to represent the best interest of your minor child. They may negotiate settlements, conduct formal and informal discovery, hire experts, interview witnesses, investigate incidents of battery or domestic abuse, comment on parenting plans filed by the parties or recommend to the court any proposed settlement by the parties.
- There will be a retainer fee of \$750 for each of the parties.
- The fee must be paid up-front to the Clerk of Court Office. Any monies not expended by GAL in issuing a report will be returned to the parties after the parties have reached an agreement or after a court hearing resulting in a court order.
- If the GAL feels that the issues warrant further investigation, the GAL may request additional fees to fund AODA assessments, Custody studies, and/or psychological evaluation of one or both of the parties.
- The court will order the GAL to issue a report, with recommendations to the parties and to the court.
- If the parties do not accept the GAL recommendations, the court will set the matter for a final hearing.

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](http://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, EAU CLAIRE 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**

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

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

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

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

**Order To Show Cause and to Change:**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Arrears Payment
- Other: \_\_\_\_\_

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

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.

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** at the following date and time:

Before Wendy Sue Johnson, Court Commissioner

Location Hearing by Zoom

See attached Instructions for how to appear remotely

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

or as soon as the matter may be heard, to show cause (give reasons) why the requests in the affidavit should not be granted.

*If you do not appear as indicated, the court may proceed without you and grant the request and/or issue a warrant for your arrest.*

**For Court Use Only:**  
 This section will be completed by the court.

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

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

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**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 the Service Packet (FA-5000) for more information.
- both parties **must bring a fully completed, dated, and signed Financial Disclosure 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.	<b>STATE OF WISCONSIN, CIRCUIT COURT, EAU CLAIRE 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)
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	Current Mailing Address _____
	City State Zip Daytime phone number _____-VS-_____
	<b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last)
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	Current Mailing Address _____
	City State Zip Daytime phone number _____-VS-_____
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) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.

**Affidavit To Show Cause and to Change**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Arrears Payment
- Other: \_\_\_\_\_

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

Check A if you are requesting a change to physical placement, list the children affected, check 1-4 and/or 5 and/or 6 and complete the necessary information. Indicate if you have or have not attempted Mediation. If you have, indicate the date of the Mediation session.

1. **MODIFY** as follows:

**Physical Placement Order(s)** (time with children) for the following children:  
 A.

- 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.
- 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) to require placement with (Name of Parent) \_\_\_\_\_  
 be  supervised.  unsupervised.
- 6) Other: \_\_\_\_\_

See attached

The other party and I  attempted mediation on [Date] \_\_\_\_\_.  
 have not attempted mediation for this issue.

**Legal Custody** (decision making) for the following children:  
 B.

- 1) to joint legal custody with both parents.

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.
Check C if you are requesting changes to support orders.
Check 1 if you are requesting changes to child support, enter the amount and frequency of the current payment and check whether it includes a deviation for health insurance. In b, check 1, 2, or 3.
Check A or B, indicate deviation information.

- 2) to sole legal custody with [Name of Parent] \_\_\_\_\_.
- 3) Other: \_\_\_\_\_  See attached

C. **CHANGE** the following support orders as follows:

- 1) **Child support**
    - a. that is currently \$\_\_\_\_\_ per \_\_\_\_\_ that
      - 1. does not include a deviation for health insurance or any other reason.
      - 2. does include a deviation of \$ \_\_\_\_\_
        - upward  downward for health insurance.
    - b. To a new amount beginning \_\_\_\_\_ to be paid by [Parent] \_\_\_\_\_ to [Parent] \_\_\_\_\_
      - 1. based on state child support standards determined by the court.
      - 2. a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_.
      - 3. held open (no payment).
- I request that this new amount
- A. not include a deviation for health insurance or any other reason.
  - B. include a deviation of \$ \_\_\_\_\_
    - upward  downward as a cash contribution for health insurance.

- 2) **Maintenance** (Spousal Support) that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to
  - a. an amount beginning \_\_\_\_\_, 20\_\_\_\_ to be determined by the court based on current income.
  - b. a new set amount of \$ \_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_, 20\_\_\_\_.
- 3) **Arrears payment** that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ to
  - a. an amount beginning \_\_\_\_\_, 20\_\_\_\_ to be determined by the court.
  - b. 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 to court their fully completed, dated, and signed Financial Disclosure Statement and all required attachments.**

- D. Other change(s): \_\_\_\_\_  See attached

- 2. The court order that I am asking to be modified was dated \_\_\_\_\_.
- 3. This request is based on the following substantial change in circumstances that have occurred since the entry of the prior court order in this case:

In D, enter any other changes you may have.
In 2, enter the date the current court order or judgment was signed by a court official.

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

- 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. The parties are no longer living together.
- D. There is not a placement schedule and the parties cannot agree.
- E. Employment or work shift of \_\_\_\_\_ has changed.  
 both parties has changed.
- F. Income or wages of \_\_\_\_\_ has changed.  
 both parties has changed.
- G. The availability or cost of health insurance has changed.
- H. The party to whom I owe maintenance has remarried.
- I. Other: \_\_\_\_\_

In 4, describe the facts that justify the change you want. Attach additional pages, if necessary.

4. 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: 715-839-4816 prior to the scheduled court date. Please note that the court does not provide transportation.

**Sign this document WITHOUT a Notary Public.**

<p>Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.</p> <p>You <b>do not</b> have to take the document to a Notary Public if you provide an unsworn declaration.</p>	<p><b>I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.</b></p> <p>_____ Signature</p> <p>_____ Name Printed or Typed</p> <p>_____ Address</p> <p>_____ Email Address <span style="float: right;">Telephone Number</span></p> <p>_____ Date <span style="float: right;">State Bar No. (if any)</span></p>
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A copy of this Affidavit to Show Cause and Order must be served upon all other parties **at least 5 business days** before the date of the hearing. See the Service Packet (FA-5000) for more information.