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| Enter the name of the county in which the original case was filed. | **STATE OF WISCONSIN, CIRCUIT COURT,**  **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- |
| On the far right, enter the original case number. | Order to Show Cause for Finding of Contempt  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 |
| 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)  **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**: | |
| **For Court Use Only:** This section will be completed by the court. | Before:  Location:    Date:       Time:        a.m.  p.m., or as soon as the matter may be heard, | |
|  | To show cause why YOU should not be found in contempt of court as requested in the affidavit. *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. 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:       at least ten working days prior to the scheduled court date. Please note that the court does not provide transportation. | |
|  | **BY THE COURT:** | |
| **For Court Use Only.** | Circuit Court Judge/Circuit Court Commissioner    Name Printed or Typed    Date | |