**STATE OF WISCONSIN CIRCUIT COURT MILWAUKEE COUNTY**

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| --- | --- |
| In re:      \_\_\_\_\_\_\_(child’s initials) | **Motion to Reopen for DNA Testing**Case No.:       Family A [ ]  B [ ]  C [ ]  D [ ]  E [ ]  |
| Mother / Birthing Parent      First Name Middle Initial Last Name      Street City State Zip Code      E-mail address Phone Number-- and –Father / Non-Birthing Parent Named in this Action      First Name Middle Initial Last Name      Street City State Zip Code      E-mail address Phone Number |
| **TO:** | (Name) |        |  **AND TO:** Child Support Agency |
|  |
| 1. | My name is       , and my relationship to the child listed below is: |
|  | [ ]  | Mother / Birthing Parent |
|  | [ ]  | Father Named in This Action / Non-birthing Parent Named in This Action |
|  | [ ]  | Both Parents |
|  |
| 2. | I am / We are asking the court to reopen this case and order DNA Testing for the following child:  |
|  | Name:       | DOB:  |       |  |
|  |
| 3.  | Father / Non-birthing Parent was added to the case by  |
|  | [ ]  | Paternity Judgment Date:       |
| [ ]  | Signed Voluntary Paternity Acknowledgement (VPA) Date:       |
|  |  |
| 4. | Final Orders for this case were issued on the following date:        |
|  | [ ]  | I was present  | [ ]  The other party was present at the hearing  |
|  | [ ]  | I was not present at the hearing | [ ]  The other party was not present at the hearing |
|  |
| 5. | I/we request the court reopen the Judgment of Paternity and grant a request for DNA testing for the following reasons:       .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  See Attached  |
|  |
| ***A copy of this motion must be served upon the opposing parties personally, no fewer than 5 business days prior to the hearing and proof of service (affidavit of personal service) must be filed with the court before the hearing.*** |
|  | (Use 2nd signature line if filing request jointly) |
|       \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (if not electronically submitted) Date |       \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (if not electronically submitted) Date  |
| Print Name: |        | Print Name: |        |
|  |
| **A HEARING WILL BE HELD ON THIS REQUEST AS FOLLOWS:** |
|  | **DATE:** |        |
|  | **TIME:** |        |
|  | **PLACE:** | **Milwaukee County Courthouse, 901 N. 9th Street, Room**      , **Milwaukee, WI 53233** |
|  | **BEFORE:** | **Judge**        |
| ***If you fail to attend the hearing, the Court may go ahead without you and has the power to make the orders requested in this document.*** |