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## Order to Show Cause (OTSC) and Affidavit – Order to Show Cause

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111 N Main St  
#400  
Oshkosh, WI 54901  
(920) 479-2058

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,</b> _____ <b>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) _____ Current Mailing Address _____ City State Zip Daytime phone number -VS-
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	<b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone 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.	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:

☐ 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.  
☐ 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.

☐ 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**

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

- ☐ 1) **Child support**  
a. that is currently \$\_\_\_\_\_ per \_\_\_\_\_ that

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.

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

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.

- ☐ 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:
- ☐ 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: \_\_\_\_\_

4. This is a substantial change in circumstances because:
- \_\_\_\_\_  
\_\_\_\_\_

☐ **See attached**

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.

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

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

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.

**STOP!**  
**Take this document to a Notary Public BEFORE you sign it.**

After you have been  
sworn by a Notary  
Public, sign and print  
your name and date the  
document in front of the  
Notary Public.

Have the Notary Public  
sign and date.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_

☐ This notarial act involved the use of  
communication technology.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Bar No. (if any)

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.