



STERLING LAW OFFICES, S.C.

Affidavit to Show Cause and Request for Hearing for Temporary Order Without Minor Children

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Serving the Milwaukee, Madison, and Fox Valley Areas

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#2
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(608) 737-3050

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Janesville, WI 53546
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(920) 557-3335

[Middleton Office](#)

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#600
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(608) 208-6017

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#400
Oshkosh, WI 54901
(920) 479-2058

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

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
Enter the name of Petitioner/Joint Petitioner A.	IN RE: THE MARRIAGE OF Petitioner/Joint Petitioner A _____ Name (First, Middle and Last) _____ Address _____ Address _____ City State Zip and
Enter the name of Respondent/Joint Petitioner B.	Respondent/Joint Petitioner B _____ Name (First, Middle and Last)
Check divorce or legal separation.	_____ Address
Enter the case number, if known. If unknown, leave blank.	_____ Address _____ City State Zip

Affidavit to Show Cause and Request for Hearing for Temporary Order Without Minor Children
 Divorce - 40101
 Legal Separation - 40201
Case No. _____

1. The other party and I have not agreed on a temporary arrangement while this action is pending, and there is a need for such an order.
2. I request that a hearing be held concerning one or more of the following issues:
 - A. Maintenance
 - B. Use of the residence and other property
 - C. Payment of debts and financial obligations
 - D. Payment of insurance and health care expenses
 - E. Other relief the court believes appropriate
 - F. Other specific relief I believe appropriate 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.

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.	State of _____ County of _____ Subscribed and sworn to before me on _____ _____ Notary Public/Court Official
Have the Notary Public sign and date.	_____ Name Printed or Typed My commission/term expires: _____ <input type="checkbox"/> 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) _____