

MANITOWOC COUNTY'S INSTRUCTIONS FOR PRO SE MODIFICATION OF JUDGMENT/ORDER

\$30.00 fee for change of your child support order

\$50.00 fee for change in physical placement of minor children

- 1) Complete the **Order to Show Cause and to Change (Form FA-4171VB)** and **Affidavit to Show Cause and to Change (Form FA-4171VA)**. Instructions to complete the forms are in the left hand margin.
- 2) Fill out the **Income and Expense Statement (Form FA-4138V)** and **Admission of Service (Form FA-4119V)**.
- 3) After completion of all of the forms, **call the Family Court Commissioner's office at (920) 683-4493 to make an appointment.**
- 4) Bring completed forms along with picture ID to the **Family Court Commissioner's office, Room 309, 1010 S. 8th Street, Manitowoc.**
- 5) The Court will review the documents. If a hearing is appropriate, the Court will schedule the hearing and complete the Order to Show Cause.
- 6) You will need to file the completed Order to Show Cause and Affidavit with the **Clerk of Circuit Court office, Room 105, and pay the appropriate filing fee, if any.**
- 7) If you are unable to pay the court fees and other costs and meet certain guidelines, the Court can waive all fees. Complete a **Petition for Waiver of Fees and Costs – Affidavit of Indigency (Form CV-410A)** and **Order on Petition for Waiver of Fees and Costs (Form CV-410B)**.
- 8) The Clerk of Court office will provide you with four copies after the Order to Show Cause is filed.
- 9) Deliver one copy to the Child Support Agency (Room B-21 in the basement). Have them sign an **Admission of Service (Form FA-4119V)** and then return to the Clerk of Court office to file it.
- 10) Keep one copy of the Order to Show Cause and Affidavit for your records.
- 11) Have the other party personally served with a copy of the Order to Show Cause and Affidavit. See the **Service Packet (Form FA-5000V)** for options and procedural instructions. Give two copies of the Order to Show Cause to the person serving the document on the other party.

Deadline: The other party(s) must be notified properly with the forms at least five (5) business days before the date of the hearing.

- 12) After the other party has been served, the Sheriff's Department will provide you with the copy of the Proof of Service (also called an Affidavit of Service OR Certificate of Service). Make a copy of this document for yourself and file the original with the Clerk of Court office in Room 105, 1010 S. 8th Street, Manitowoc. **THIS MUST BE DONE PRIOR TO YOUR HEARING or you may not be able to have a hearing.**
- 13) Attend the court hearing on the appropriate date and time. Be there on time! Bring all the information and exhibits with you that you think the court should see or may need to decide the case. Bring four copies of everything you want to present to the court. Be prepared to tell the court why you feel the current order should be changed.

14) Special procedures required for custody or physical (visitation) disputes:

If your request is to change legal custody or periods of physical placement (visitation), and the other party indicates to the court that he/she does not agree to what you are requesting, your hearing may be adjourned in order to allow the following:

Step One: Mediation

First, you and the other party must attend an initial session with a mediator. You will have to fill out the Request for Mediation form to be referred to mediation. (The Family Court Commissioner can make an exception to this requirement if attending mediation would cause undue hardship or endanger the health or safety of one of the parties.) The purpose of mediation is to work with a trained professional in attempting to mutually solve the disagreement as it pertains to custody or periods of physical placement (visitation). If an agreement is reached, the mediator will report that to the Court, and you and the other party can put that agreement on the record at the hearing. The Family Court Commissioner will then draft an Order Revising Judgment that reflects your agreement.

Step Two: Appointment of a Guardian ad Litem

If mediation fails and you still have a disagreement over custody or periods of physical placement, the mediator will so inform the Court and a guardian ad litem will be needed for your child(ren). The guardian ad litem is an attorney that represents the best interest of the child(ren). Each party will be required to pay \$650.00 as a down payment toward the guardian ad litem fees, which are charged at the rate of \$100.00 per hour. The guardian ad litem will not begin his/her investigation on behalf of your child(ren) until the moving party (the one that is bringing the Order to Show Cause) pays his or her \$650.00. If the moving party fails to make that payment, the Order to Show Cause will be dismissed.

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, MANITOWOC 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

On the far right, mark the box for the change(s) you are requesting and enter the original case number.

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

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 Honorable Commissioner C. Luke LeFevre

Location Manitowoc County Courthouse, Room B-15

1010 S. 8th Street, Manitowoc, WI 54220

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.

Order To Show Cause and to Change:

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

Case No. _____

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

Petitioner/Joint Petitioner A: _____

Respondent/Joint Petitioner B: _____

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 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 (920) 683-4030 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. |
| Check marriage or paternity. If paternity, enter initials of child. |
| Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file. |
| On the far right, mark the box for the change(s) you are requesting and enter the original case 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. |

**STATE OF WISCONSIN, CIRCUIT COURT,
 MANITOWOC COUNTY**

IN RE: THE MARRIAGE PATERNITY OF _____

Petitioner/Joint Petitioner A

 Name (First, Middle and Last)

 Current Mailing Address

 City State Zip Daytime phone number

-VS-

Respondent/Joint Petitioner B

 Name (First, Middle and Last)

 Current Mailing Address

 City State Zip Daytime phone number

The State of Wisconsin (Child Support Agency)
 is
 is not 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.

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.

- 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

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.

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

| MONTHLY GROSS INCOME | | |
|-----------------------------|---|--|
| 1. | Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. | |
| 2. | Pensions, retirement funds and social security benefits received | |
| 3. | Disability, Unemployment Insurance and/or public assistance funds received | |
| 4. | Interest and Dividends received | |
| 5. | Child Support and maintenance (spousal support) received | |
| 6. | Rental payments received (from property you rent to others) | |
| 7. | Bonuses received | |
| 8. | Other sources of income received: (please specify) | |
| 9. | | |
| 10. | Total Gross Income (add lines 1-9) | |

| MONTHLY DEDUCTIONS | | |
|---|--|--|
| 11. | Number of tax exemptions claimed _____ | |
| 12. | Monthly federal and state income tax, Social Security, and Medicare withholdings | |
| 13. | Medical insurance | |
| 14. | Other insurance (Life, disability, etc.) | |
| 15. | Union or other dues | |
| 16. | Retirement, pension and/or deferred compensation fund | |
| 17. | Child support or spousal support payment deductions | |
| 18. | Other deductions: (please specify) | |
| 19. | | |
| 20. | | |
| 21. | Total Monthly Deductions (add lines 12 – 20) | |
| MONTHLY NET INCOME (subtract line 21 from line 10) | | |

6. CURRENT MONTHLY HOUSEHOLD EXPENSES

| Monthly Household Expenses | | |
|--|--|--|
| 1. | Rent/mortgage payment/property taxes/home or rent insurance (primary residence) | |
| 2. | Food | |
| 3. | Utilities (electricity, heat, water, sewage, trash) | |
| 4. | Telephone (local, long distance & cellular) | |
| 5. | Cable/Satellite and Internet Services | |
| 6. | Insurance (life, health, accident, auto, liability, disability, excluding insurance that is paid through payroll deductions) | |
| 7. | Auto payments (loans/leases), auto expenses (gas, oil, repairs, maintenance), and transportation (other than automobile) | |
| 8. | Medical, dental and prescription drug expenses (not covered by insurance) | |
| 9. | Childcare (babysitting and day care) | |
| 10. | Child support or spousal support payments (Exclude payments made through payroll deductions) | |
| 11. | Other expenses | |
| Other Monthly installment payments: | | |
| 12. | Mortgage (other than primary mortgage) | |
| 13. | Other vehicle payments (RV, boat, ATV) | |
| 14. | Credit card debt (total minimum monthly payments) | |
| 15. | Court ordered obligations | |
| 16. | Student loans | |
| 17. | Other personal loans | |
| 18. | | |
| TOTAL MONTHLY EXPENSES (Add lines 1-18) | | |

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

7. I do do not have assets (vehicles, real estate, personal property, stocks, retirement accounts, etc.) with a total fair market value of \$10,000 or more at this time.
8. **DECLARATION: I declare under penalty of perjury that the above, including all attachments are complete, true and correct.**

Sign and print your name.
Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

▶ _____
Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

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

Enter the name of the county in which this case is filed.

**STATE OF WISCONSIN, CIRCUIT COURT,
 MANITOWOC COUNTY**

Enter the name of the petitioner. If joint petitioners, enter the name of Petitioner/Joint Petitioner A.

IN RE: THE MARRIAGE OF
Petitioner/Joint Petitioner A

Name (First, Middle and Last)

Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B.

and
Respondent/Joint Petitioner B

Name (First, Middle and Last)

Enter the case number.

Admission of Service

Case No. _____

Check the box for each document that is being served.

On [Date] _____ I received a copy of the following documents:

If one of the documents is an Order to Show Cause, enter the date [month, day, year] the Order To Show Cause was signed by a court official.

- Authenticated **Summons and Petition**
- Order to Show Cause and Affidavit for Temporary Order** [Dated] _____
- A blank **Financial Disclosure Statement**
- Proposed Marital Settlement Agreement/Order** [Dated] _____
- Order to Appear** [Dated] _____
- Motion/Order to Show Cause for Contempt** [Dated] _____
- Motion/Order to Show Cause to Change:** _____
 [Dated] _____
- Requirement to attend parent education
- Other: _____
- Other: _____
- Other: _____

If other, enter the name of the document.

The party who is voluntarily accepting the documents must sign and print their name.

They must enter the date on which the Admission was signed.

Note: This signature does not need to be notarized.

 Signature

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

Amended

-vs-

**Petition for Waiver of Fees and Costs
Affidavit of Indigency**

Case No. _____

UNDER OATH, I STATE:

Because of poverty, I am unable to pay any filing and service fees, including the electronic filing fee, or _____, in this action, proceeding, or appeal, or to give security for those fees, and request waiver of those fees. I am attaching a copy of my pleading in this matter.

**Complete Section 1 if you receive aid from any of the programs listed.
If you do not receive aid, complete Section 2 only.**

Section 1.

I currently receive the following benefits and/or services:

- Supplemental security income. Relief funded under §59.53(21), Wis. Stats. Medical assistance.
 - Food stamps/FoodShare. Relief funded under public assistance.
 - Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
 - Legal representation from the Public Defender's Office, civil legal services program or a volunteer attorney program based on indigency.
- Name of program: _____
- Other means-tested public assistance: _____

My financial situation has has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.

Section 2.

1. I am am not married.
2. I am am not employed. Name of employer: _____
3. I earn [Gross pay] \$ _____ weekly. every 2 weeks. twice monthly. monthly.
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
4. I receive gross monthly income totaling the amount of \$ _____ from
 Pension Social security Unemployment compensation
 Disability Student loans/grants Other: _____
5. I have the following cash assets:
 Savings accounts: \$ _____ Cash: \$ _____
 Checking accounts: \$ _____ Money owed me: \$ _____
6. I have the following other assets:
 Vehicle-Yr./Make: _____ \$ _____ Household furnishings: \$ _____
 Vehicle-Yr./Make: _____ \$ _____ Equity in real estate: \$ _____
 Other individual assets valued over \$200 each: _____ \$ _____
7. My household consists of myself and _____ others:
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes No
Full name: _____ Relationship to me: _____ Under age 18 Yes No

Full name: _____ Relationship to me: _____ Under age 18 Yes No
 Full name: _____ Relationship to me: _____ Under age 18 Yes No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social security | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes | | <input type="checkbox"/> Support/maintenance |
| <input type="checkbox"/> Other: | | | |

9. I have the following debts:
- | | Amount: | Monthly Payment: |
|------------------|----------|------------------|
| a. Mortgage/Rent | \$ _____ | \$ _____ |
| b. Auto loan | \$ _____ | \$ _____ |
| c. Credit cards | \$ _____ | \$ _____ |
| d. Other: _____ | \$ _____ | \$ _____ |
| e. _____ | \$ _____ | \$ _____ |

10. I have the following unusual expenses, other than ordinary living expenses:

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.

I understand that if my financial situation changes, I must notify the court immediately.

▶ _____
 Signature

 Print or Type Name

 Date of Birth

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC COUNTY

Amended

-VS-

**Order on Petition for Waiver of
Fees and Costs**

Case No. _____

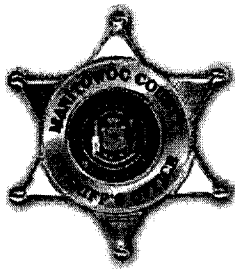
THE COURT FINDS AND ORDERS:

Upon reviewing the petition of [Name] _____
for waiver of fees and costs, this petition is

1. **GRANTED** because the court finds the requestor is currently indigent. The action may be commenced or defended without payment of filing fees, including the electronic filing fee. The sheriff shall serve all necessary documents without payment of service fees. The requestor may be required to pay these fees if the court later determines the requestor has the ability to pay.
2. **GRANTED** for waiver of _____. The requestor may be required to pay fees if the court later determines the requestor has the ability to pay.
3. **DENIED** because the court finds the requestor is not indigent, but is currently not able to pay filing or service fees. This action may be filed by the Clerk and all necessary documents may be served by the sheriff without prepayment of fees. Such fees must be paid no later than _____.
4. **DENIED** because the court finds
- requestor is not indigent. the allegation of poverty to be untrue.
 - requestor is a prisoner and is required to use form CV-438 or CV-440.
 - requestor has not stated a meritorious claim, defense, or appeal upon which the court may grant relief:
[Brief explanation] _____
 - Other: _____

DISTRIBUTION:

1. Clerk of Circuit Court



MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig
Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

INFORMATION SHEET FOR CIVIL PROCESS/PAPER SERVICE

To the Petitioner/Submitter,

You are required to provide, to the best of your ability, the following information. It is understood that all information may not be available to you; however, all information provided will assist in the service of your papers.

Court Date: _____ Court Time: _____ Serve by date: _____

INFORMATION ON THE PERSON TO BE SERVED:

Paper Service For:

Name _____ Date of Birth _____ or Age _____

Present Address: _____ Home Phone # (____) _____

Temporary Address: _____ Cell Phone # (____) _____

Vehicle: _____ Color: _____ License Plate # _____

Place of Employment: _____

Address: _____

Shift Hours: _____ Work phone # (____) _____

Suggested Time to Serve Papers: _____

Comments: _____

****COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY****

Does the Respondent possess any firearms? Yes/No How many? _____

Where are the firearms stored? _____

Must the Respondent be removed from the residence? Yes / No 72 Hour no-contact in effect? Yes / No

Person Requesting Service/Billing Information (MUST BE COMPLETED!)

I understand that I will be billed for the service, unless I have provided an Indigency Order.

Your Name _____ Date of Birth _____
(Last Name) (First Name) (M.I.)

Mailing Address: _____

Telephone Number (____) _____ Cell Phone Number: (____) _____

Email Address: _____

There is no fee for serving Temporary Restraining Orders or Injunctions.

1025 South 9th Street • Manitowoc, Wisconsin 54220 • Phone: (920) 683-4200

Jail Fax: (920) 683-4405 • Patrol Fax: (920) 683-4946 • Records Fax: (920) 683-4342

Fee Schedule

Civil Process: \$40 minimum - \$130 maximum per person. \$40 deposit per person is required. The \$40 deposit includes one attempt or service. We may also charge \$30 for each additional attempt or service. A maximum of 3 additional attempts can be charged. Mileage is included and will not be charged separately. The \$40 deposit should be included when your papers are submitted for service.

Writs: \$75 includes one hour of standby time. Additional standby time may be charged at \$40 an hour.

Sheriff's Sale: Posting \$75 -- Sale \$75 for a total of \$150. Check should be sent with original posting(s). A total of 4 copies of the sale should also be included.

Copies: \$0.25 per printed side (black/white) - \$0.40 per printed side (color)

Mailing Copies: Add \$1.00 standard letter (fee may increase for larger packages)

Photos: 4" x 6" on photo paper - \$3.50 each
CD/DVD/DVR - \$10.00 each
8 ½" x 11" photocopies of photos (Color \$0.40 each)

All copies or photos over \$5.00 must be paid in advance. A check should be made payable and mailed to the Manitowoc County Sheriff's Office along with request.

Call (920)683-4334 to request a quote on photo fees.

Reserve Deputy Security: Hourly charge, \$25 per hour with a minimum charge of 4 hours (\$100) per Reserve Deputy

Building Escort/Escort: \$70 per squad per hour

Service

“Service” or “service of process” are the legal terms used to describe the act of giving notice of a lawsuit or court hearing to another person. There are several different methods and very specific time limits by which you must have the other party served. The type of service you are required to use depends on the type of forms you are filing. If you do not have the other party served properly (within the correct time limits and using the correct method), the court cannot hear or decide your case.

Notice: This packet describes only the most common methods of service available for use. Please seek legal assistance if you would like to explore additional/alternative methods or the forms you are filing are not listed.

| Court Self-Help Form | Required Type of Service | Service Time Limits |
|--|-----------------------------|---|
| Summons and Petition for Divorce/ Legal Separation (FA-4104V/FA-4105V) | Personal | Within 90 Calendar days from the date the divorce/legal separation was filed |
| Order To Show Cause and Affidavit for Temporary Order (FA-4128V/FA-4129V) | Personal | Not less than 5 Business days before the date of the Temporary hearing |
| Response & Counterclaim (FA-4113V) | Mail | Within 20 Calendar days after the date of service |
| Order To Appear (FA-4142V) | Personal | Not less than 24 hours if the other party lives within the county the action is filed Not less than 72 hours if the other party does NOT live in the county the action is filed, but in the State of Wisconsin |
| Motion for and Notice of New (DeNovo) Hearing (FA-4130V) | Personal (Contempt matters) | Not less than 5 Business days before the date of the hearing |
| | Mail (All other matters) | Not less than 8 Business days before the date of the hearing |
| Notice of Motion and Motion (Post Judgment) (FA-4170V) | Mail | Not less than 8 Business days before the date of the hearing |
| Order To Show Cause (Post Judgment) (FA-4171V/FA-4172V) | Personal | Not less than 5 Business days before the date of the hearing |
| Notice of Motion and Motion to Relocate with Minor Children (FA-4178V) | Mail | Not less than 8 Business days before the date of the hearing |
| Objection to Relocate with Minor children and Motion to change Placement and/or Custody (FA-4179V) | Mail | Not less than 5 Business days before the date of the hearing |
| Subpoena (GF-120) | Personal | Not less than 10 Business days before the date of the hearing |
| Petition to Enforce Physical Placement (FA-609) | Personal | Not less than 5 Business days before the date of the hearing |

NOTE: If you are unable to serve the other party within the required time limits, you may write a letter to the court requesting a different court date.

WARNING: Copies, NOT original documents, should only be given to the other party. The originals (if in your possession) and proof of service need to be returned to court after the other party has been served.

Personal Service

There are five basic ways to have the other party personally served:

1A. Admission of Service by the State of Wisconsin / Child Support Agency

If the State of Wisconsin is a party to the action, you must serve your local Child Support Agency using the following steps below.

- Take a copy of the forms to be served and an **Admission of Service** form (FA-4119V) to the Child Support Agency.
- Give the papers to a representative from the Child Support Agency and ask him/her to "admit service". He/she will complete the bottom portion of the **Admission of Service** form.
- Return the **Admission of Service** form to the Clerk of Courts Office as proof of service (keep a copy for your records).

1B. Admission of Service for the other party

You may give the documents to the other party and ask that he/she voluntarily accept the papers from you. If the other party agrees to accept the documents, you need to:

- Complete the caption of the **Admission of Service** form (FA-4119V).
- Have him/her complete and sign the bottom.
- Return the **Admission of Service** form and a set of the documents served, as soon as possible to the Clerk of Courts. Remember to keep a copy for your records.

If the other party will not voluntarily accept the papers from you, or you do not wish to have contact with the other party, you must have the other party served using one of the other methods described below.

2. Sheriff's Department

The **Sheriff's Department**, of the County in which the individual to be served resides, may serve the other party. Proof of service and a set of the documents which were served must be returned to court as soon as possible. Remember to keep a copy for your records.

3. Private Process Server

You may make arrangements with a **private process server** to have the other party personally served. Contact individual companies for fees and procedural information. To find a private process server in your or the other party's area, you may look under "Process Service" using a phone or internet directory or by going to <http://www.iprocessservers.com>. Proof of service and a set of the documents which were served must be returned to court as soon as possible. Remember to keep a copy for your records.

4. Service by Friend or Relative

A friend or relative who is over 18, is a resident of Wisconsin, and is not a party to the action can also serve the other party.

- You:** complete the caption of the **Affidavit of Service** form (FA-4120V).
- Friend or Relative:** Gives a copy of the paperwork to the other party.
- Friend or Relative:** Completes the bottom portion of the **Affidavit of Service**.
- Friend or Relative:** Signs it in the presence of a notary public.
- You:** Return the **Affidavit of Service** form and a set of the documents served, as soon as possible to the Clerk of Courts. Remember to keep a copy for your records.

LAST RESORT

Before attempting this last resort, you should consider seeking legal assistance. There are specific and complicated rules that must be followed to successfully serve a party by publication.

5. Service by Publication

Service by Publication is a **last resort** and can only be used if you failed to have the other party served by one of the methods above. You have a responsibility to make every effort to make personal service if possible, which includes gathering reasonably available information from family and friends to try and determine the other party's location.

The option of **Service by Publication** is only available to you if you can answer yes to all of the following:

- You have tried personal service through the Sheriff's Department or a private process server.
- You have given them as much information as possible to help them find the other person.
- The Sheriff's Department or private process server cannot find the other person after a diligent search.
- You have been given an **Affidavit of Due Diligence/Not Found/ Attempted Service** by the Sheriff's Department or private process server stating that the other party could not be found. Keep this affidavit.

The Service by Publication Packet is available to assist individuals who are filing an action for divorce/legal separation.

Service by Mail

Serving documents on the other party by mail is allowed for certain types of forms. If service by mail is allowed, you must:

- Mail copies of the documents to the other party.
- Sign a sworn affidavit called the **Affidavit of Mailing** (FA-4121V) in the presence of a Notary Public.
- Return the **Affidavit of Mailing** and a set of the documents that were mailed to the Court as soon as possible. Remember to keep a copy for your records.

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

| | | |
|--|--|---|
| Enter the name of the county in which this case is filed. | STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC COUNTY | Affidavit of Service Case No. _____ |
| Enter the name of the petitioner. If joint petitioners, enter the name of Petitioner/Joint Petitioner A. | IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____ Petitioner/Joint Petitioner A | |
| Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B. | Name (First, Middle and Last) _____ and Respondent/Joint Petitioner B | |
| Enter the case number. | Name (First, Middle and Last) _____ | |

Note: A party to this action **cannot** serve the documents on the other party.

After the documents have been served, the person serving the documents must complete the information. Enter the date [month, day, year], time and the address at which the documents were served. Check the boxes indicating the specific documents that were served. If one of the documents is an Order to Show Cause, enter the date [month, day, year] the Order To Show Cause was signed by a court official. If other, enter the name of the document.

Enter the name of the party to whom the papers were served.
Take Notice: You must complete this task.

UNDER OATH I STATE:

I am an adult resident of Wisconsin, Illinois, Iowa, Michigan, or Minnesota.

I am not a party to this action.

On [Date] _____, 20____ at [Time] _____ a.m. p.m.

At [Address] _____

I served a copy of the following documents:

- Authenticated **Summons and Petition**
- Order to Show Cause and Affidavit for Temporary Order** [Date] _____, 20____.
- A blank **Financial Disclosure Statement**
- Requirement to attend parent education
- Order to Appear**
- Other: _____
- Other: _____
- Other: _____

personally by delivering to and leaving these documents with the person served whom I know to be _____.

At the time of service, I signed my name, time, date, place and manner of service and upon whom service was made **on the copy that was served.**

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

After you, the server, 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 _____ | Signature _____ |
| County of _____ | Name Printed or Typed _____ |
| Subscribed and sworn to before me on _____ | Address _____ |
| _____ Notary Public/Court Official | Phone Number _____ |
| _____ Name Printed or Typed | Date _____ |
| My commission/term expires: _____ | |
| <input type="checkbox"/> This notarial act involved the use of communication technology. | |