

## ORDER TO SHOW CAUSE PACKET

\$30.00 fee for change of your child support order

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

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

- 1) Complete the **Order to Show Cause and to Change (Form FA-4171VB)** and **Declaration 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)**.
  - 3) Complete a **Petition for Waiver of Fees and Costs – Declaration of Indigency (Form CV-410A)** and **Order on Petition for Waiver of Fees and Costs (Form CV-410B)**, if you are unable to pay the court fees/costs and meet certain guidelines.
  - 4) After completion of the forms above, **call the Family Court Commissioner's office at (920) 683-4493 to schedule a time to bring them to the Family Court Commissioner's office.**
  - 5) Bring completed forms to the **Family Court Commissioner's office, Room 309**, 1010 S. 8<sup>th</sup> Street, Manitowoc.
  - 6) The Court will review the documents. If a hearing is appropriate, the Court will schedule the hearing and complete the Order to Show Cause.
  - 7) Take the completed Order to Show Cause and Declaration to the **Clerk of Circuit Court office, Room 105**, and **pay the appropriate filing fee, if any.**
  - 8) The Clerk of Court office will provide you with four copies after the Order to Show Cause is filed.
  - 9) Deliver one copy of the Order to Show Cause and Declaration to the Child Support Agency (Room 119, 1st Floor), if they are not an electronic filed party.
  - 10) Keep one copy of the Order to Show Cause and Declaration for your records.
  - 11) Give two copies of the Order to Show Cause and Declaration to the person serving the documents on the other party. Have the other party personally served with a copy of the Order to Show Cause and Declaration. See the **Service Packet (Form FA-5000V)** for options and procedural instructions.
- 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. 8<sup>th</sup> 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. (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 provide to the Court the mediated agreement and court order incorporating the mediated agreement or you and the other party can put that agreement on the record at the hearing.

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.	<b>STATE OF WISCONSIN, CIRCUIT COURT, <u>MANITOWOC</u> 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
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	<b>-vs-</b> <b>Respondent/Joint Petitioner B</b> _____ 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) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.
Enter the name of the party you want to appear in court.	The Declaration was filed on [Date] _____, <b>IT IS ORDERED THAT</b> _____ <b>appear in person</b> at the following date and time: Before <u>Honorable Commissioner C. Luke LeFevre</u> Location <u>Manitowoc County Courthouse, Room B-15</u> <u>1010 S. 8<sup>th</sup> Street, Manitowoc, WI 54220</u> Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m., or as soon as the matter may be heard, to show cause (give reasons) why the requests in the declaration should not be granted. <i>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.</i>
<b>For Court Use Only:</b> This section will be completed by the court.	

**Order To Show Cause and to Change:**

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

Case No. \_\_\_\_\_

Petitioner/Joint Petitioner A: \_\_\_\_\_

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

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**IT IS FURTHER ORDERED:**

- a copy of the Order to Show Cause and Declaration must be personally-served upon all other parties **at least five business days** before the date of the hearing, unless otherwise authorized by law. 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.	<b>STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC 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)
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	_____ 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.	-VS- <b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last)
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	_____ Current Mailing Address  City                  State                  Zip                  Daytime phone number
	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.

- Declaration 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.

- 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

Check C if you are requesting changes to support orders.

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.

- C. **CHANGE** the following support orders as follows:
  - 1) **Child support**
    - a. that is currently \$ \_\_\_\_\_ per \_\_\_\_\_ that
      - 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 (FA-4139V) or Income and Expense Statement (FA-4138V).**

D. Other change(s): \_\_\_\_\_

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.

**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: \_\_\_\_\_

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

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

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

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.

**Sign this document WITHOUT a Notary Public.**

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

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

A copy of this Declaration to Show Cause and Order must be served upon all other parties **at least five 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: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC COUNTY</b>
<b>This form is used for divorce, legal separation and paternity cases. Some information may not apply to your case.</b>	<b>Petitioner/Joint Petitioner A</b>
Enter the name and address of the Petitioner/Joint Petitioner A.	Name (First, Middle and Last) _____ Current Mailing Address _____ City _____ State _____ Zip _____ Daytime phone number _____
Enter the name and address of the Respondent/Joint Petitioner B.	and <b>Respondent/Joint Petitioner B</b>
Enter the case number and child support IV-D KIDS number, if known.	Name (First, Middle and Last) _____ Current Mailing Address _____ City _____ State _____ Zip _____ Daytime phone number _____

**INCOME & EXPENSE STATEMENT**

Case No. \_\_\_\_\_

IV-D KIDS Case No. \_\_\_\_\_

Failure by either party to complete and file this form as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is a crime. Attach additional pages if space is not sufficient.**

**1. PROOF OF INCOME**

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

**2. GENERAL INFORMATION**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone (Day)** \_\_\_\_\_

**3. EMPLOYER INFORMATION**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone (Day)** \_\_\_\_\_

**4. CURRENT MEMBERS OF YOUR HOUSEHOLD**

**Enter the name and relationship of all people actually living in your household at this time. Check yes or no to identify if they contribute to payment of household expenses.**

	Name	Relationship	This person helps pay expenses	
			Yes	No
<input type="checkbox"/> I live alone				
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>

**5. MONTHLY INCOME**

**Income from wages / salary is received:** (check one) To calculate monthly gross income use the multiplier shown:  
 weekly -multiply weekly income by 4.33       every other week (bi-weekly) -multiply bi-weekly income by 2.17  
 monthly       twice a month-multiply semi-monthly income by 2

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

<b>MONTHLY GROSS INCOME</b>		
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.		
<b>10.</b>	<b>Total Gross Income (add lines 1-9)</b>	

<b>MONTHLY DEDUCTIONS</b>		
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.		
<b>21.</b>	<b>Total Monthly Deductions (add lines 12 – 20)</b>	
<b>MONTHLY NET INCOME (subtract line 21 from line 10)</b>		

**6. CURRENT MONTHLY HOUSEHOLD EXPENSES**

<b>Monthly Household Expenses</b>		
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	
<b>Other Monthly installment payments:</b>		
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.		
<b>TOTAL MONTHLY EXPENSES (Add lines 1-18)</b>		

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)

This form is also available in Spanish and Hmong.  
<https://www.wicourts.gov/forms1/circuit/index.htm>  
Este formulario está disponible en español y hmong.  
Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.

STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC COUNTY

Amended

-vs-

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

Case No. \_\_\_\_\_

**I DECLARE THAT:**

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.

The documents I want to file are included with this Petition.

**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.**

- I  am  am not married.
- I  am  am not employed. Name of employer: \_\_\_\_\_
- I earn [Gross pay] \$ \_\_\_\_\_  weekly.  every 2 weeks.  twice monthly.  monthly.  
My take-home pay [after taxes and deductions] is \$ \_\_\_\_\_ per pay period.
- I receive gross monthly income totaling the amount of \$ \_\_\_\_\_ from  
 Pension  Social security  Unemployment compensation  
 Disability  Student loans/grants  Other: \_\_\_\_\_
- I have the following cash assets:  
 Savings accounts: \$ \_\_\_\_\_  Cash: \$ \_\_\_\_\_  
 Checking accounts: \$ \_\_\_\_\_  Money owed me: \$ \_\_\_\_\_

6. I have the following other assets:

<input type="checkbox"/> Vehicle-Yr./Make: _____ \$ _____	<input type="checkbox"/> Household furnishings: \$ _____
<input type="checkbox"/> Vehicle-Yr./Make: _____ \$ _____	<input type="checkbox"/> Equity in real estate: \$ _____
<input type="checkbox"/> Other individual assets valued over \$200 each: _____ \$ _____	

7. My household consists of myself and \_\_\_\_\_ others:

Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
 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. \_\_\_\_\_

This form is available in Spanish and Hmong. <https://www.wicourts.gov/forms1/circuit/index.htm>

*Este formulario está disponible en español y hmong.*

*Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.*

**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

# 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
<b>Summons and Petition for Divorce/ Legal Separation</b> (FA-4104V/FA-4105V)	Personal	Within <b>90 Calendar days</b> from the date the divorce/legal separation was filed
<b>Order to Show Cause and Declaration for Temporary Order</b> (FA-4128V/FA-4129V)	Personal	Not less than <b>5 Business days</b> before the date of the Temporary hearing
<b>Response &amp; Counterclaim</b> (FA-4113V)	Mail	Within <b>20 Calendar days</b> after the date of service
<b>Order to Appear</b> (FA-4142V)	Personal	Not less than <b>24 hours</b> if the other party lives within the county the action is filed Not less than <b>72 hours</b> if the other party does NOT live in the county the action is filed, but in the State of Wisconsin
<b>Motion for and Notice of New (DeNovo) Hearing</b> (FA-4130V)	Personal (Contempt matters)	Not less than <b>5 Business days</b> before the date of the hearing
	Mail (All other matters)	Not less than <b>8 Business days</b> before the date of the hearing
<b>Notice of Motion and Motion (Post Judgment)</b> (FA-4170V)	Mail	Not less than <b>8 Business days</b> before the date of the hearing
<b>Order to Show Cause (Post Judgment)</b> (FA-4171V/FA-4172V)	Personal	Not less than <b>5 Business days</b> before the date of the hearing
<b>Notice of Motion and Motion to Relocate with Minor Children</b> (FA-4178V)	Mail	Not less than <b>8 Business days</b> before the date of the hearing
<b>Objection to Relocate with Minor children and Motion to change Placement and/or Custody</b> (FA-4179V)	Mail	Not less than <b>5 Business days</b> before the date of the hearing
<b>Subpoena</b> (GF-126A)	Personal	Not less than <b>10 Business days</b> before the date of the hearing
<b>Notice of Hearing and Motion to Enforce Physical Placement Order</b> (FA-609)	Personal	Not less than <b>5 Business days</b> 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 **Declaration 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 **Declaration of Service** and signs it.
- You:** Return the **Declaration 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 (FA-5001V) 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 the **Declaration of Mailing** (FA-4121V).
- Return the **Declaration 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.



# MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig

*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.)

Driver's License/Identification Number: \_\_\_\_\_

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**: \$60 minimum - \$150 maximum per person. \$60 deposit per person is required. The \$60 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 \$60 deposit should be included when your papers are submitted for service.

**Writs**: \$85 includes one hour of standby time. Additional standby time may be charged at \$85 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) - \$0.50 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)  
Flash Drive - \$15 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, \$45 per hour with a minimum charge of 4 hours (\$180) per Reserve Deputy

**Building Escort/Escort**: \$85 per squad per hour

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

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> <b>MANITOWOC</b> COUNTY	<b>Declaration of Service</b>  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 _____ <b>Petitioner/Joint Petitioner A</b>	
Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B.	Name (First, Middle and Last) _____ and <b>Respondent/Joint Petitioner B</b>	
Enter the case number.	Name (First, Middle and Last) _____	

**I DECLARE THAT:**

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

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 Declaration for Temporary Order** [Date] \_\_\_\_\_, 20\_\_\_\_.
- A blank **Financial Disclosure Statement**
- Requirement to attend parent education
- Order to Appear**
- Other: Order to Show Cause and Declaration to Change: \_\_\_\_\_
- Other: Notice of Hearing and Motion to Enforce Physical Placement Order \_\_\_\_\_
- Other: Order to Show Cause and Declaration for Finding of Contempt \_\_\_\_\_

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.**

**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.

**Sign this document WITHOUT a Notary Public.**

Provide a declaration under criminal penalty of false swearing in lieu of a sworn statement.

You **do not** have to take the document to a Notary Public if you provide an unsworn declaration.

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Date

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

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

**This form is available in Spanish.**  
**<https://www.wicourts.gov/forms1/circuit/index.htm>**  
***Este formulario está disponible en español.***

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> <b>MANITOWOC</b> COUNTY
Enter the name of the petitioner. If joint petitioners, enter the name of Petitioner/Joint Petitioner A.	IN RE: THE MARRIAGE OF <b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last)
Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B.	and <b>Respondent/Joint Petitioner B</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.

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.

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

- Authenticated **Summons and Petition**
- Order to Show Cause and Declaration 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: Notice of Hearing and Motion to Enforce Physical Placement Order
- 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)