

**ORDER TO SHOW CAUSE AND DECLARATION OF CONTEMPT****Filing Checklist:**

- ☐ Fill out both the following forms:
 - ✓ **FA-4172VB** *Order to Show Cause for Finding Contempt* (2 pages)
 - ✓ **FA-4172VA** *Declaration for Finding Contempt* (2 pages)
- ☐ Submit the original completed forms with the Clerk of Courts.
- ☐ Wait to be contacted by the Clerk of Courts, then pick up the documents for service.

Filing Fee:

- ✓ No filing fee required

Optional Form (If Ordered by the Court):

- ☐ **FA-4176** – *Decision and Order for Contempt* (3 pages)
 - Only required if ordered by the Court.
 - Bring this form with you to your hearing.
 - It is used to record the judge's written decision regarding contempt and possible sanctions.
 - Wis. Stat. §767.78 – The court official who heard the case will sign this form. They may complete it themselves or ask one of the parties to do so.

Service of Documents:

You are responsible for making sure the documents are properly served. Choose one of the following:

A. Sheriff's Department

- Use the Sheriff's Office **in the county where the respondent lives**.
- Once served, you will receive **proof of service**.
- If the respondent is **outside Chippewa County**, contact that county's Sheriff's Department for instructions.

B. Private Process Server

- You may locate a private process server online.
- Once served, you will receive **proof of service**.

Important Notes:

- Service must be completed no later than 5 business days before the hearing.
- Proof of service must be included in the court file.

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, _____ 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-

Order to Show Cause for Finding of Contempt

Case No. _____

Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.

Respondent/Joint Petitioner B

Name (First, Middle and Last)

Current Mailing Address

City State Zip Daytime phone number

Check if the State of WI 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:**

Before: _____

Location: _____

Date: _____ Time: _____ ☐ a.m. ☐ p.m.,

or as soon as the matter may be heard.

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

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

To show cause why YOU should not be found in contempt of court as requested in the affidavit. You must appear and provide the court information about your compliance with the court order, including your ability to pay or otherwise comply with the order. *If you do not appear as indicated, the court may hold the hearing without you and grant the request, including issuing an order to have you arrested and committed to the county jail.* You also have a right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear without an attorney will be deemed a waiver of that right.

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, unless otherwise authorized by law. See Service Packet (FA-5000) for more information.
- Both parties **bring a fully completed, dated, and signed Income and Expense Statement to court.**

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.

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

Enter the name of the county in which the original case was filed.
Mark 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, 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,
_____ **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.

**Declaration for
Finding of Contempt**

Case No. _____

Check all those categories for which you believe the other party is in contempt. If other, mark the box and write for what you believe the other party is in contempt.

1. The other party was court ordered to do the following and has failed to do so:

- ☐ Pay child support in the amount of \$_____ per _____.
- ☐ Pay maintenance (spousal support) in the amount of \$_____ per _____.
- ☐ Pay family support in the amount of \$_____ per _____.
- ☐ Pay uninsured medical bills/variable costs the total amount of \$_____.
- ☐ **Copies of the unpaid bills are attached to this Declaration.**
- ☐ Return property that was awarded to me.
- ☐ Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.).
- ☐ Pay debts that he/she was ordered to pay.
- ☐ Pay the amount of \$_____ to equalize the property settlement.
- ☐ Allow me to claim the children as tax exemptions as ordered.
- ☐ Provide medical insurance cards and/or other medical records.
- ☐ Pay transportation expenses related to placement in the total amount of \$_____.
- ☐ Follow legal custody/physical placement order.
- ☐ Other: _____
- ☐ Other: _____

2. The court order that I am asking to be enforced was dated: _____

3. The facts supporting my reasons for believing that the other party is in contempt are 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.

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

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 and Order to Show Cause must be served upon all other parties **at least five business days** before the date of the hearing. See Service Packet (FA-5000) for more information.



CLERK OF COURTS

FILING INSTRUCTIONS

ORDER TO SHOW CAUSE AND DECLARATION OF CONTEMPT

FA-4176 – *Decision and Order for Contempt*

▼ STOP ▼

OPTIONAL FORM – Only required if ordered by the Court:

- ☐ **FA-4176 – *Decision and Order for Contempt*** (3 pages)
 - **Bring this form with you to your hearing.**
 - It is used to record the judge's written decision regarding contempt and possible sanctions.

Wis. Stat. §767.78 – The court official who heard the case will sign this form. They may complete it themselves or ask one of the parties to do so.

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, _____ COUNTY			
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.	Petitioner/Joint Petitioner A			
On the far right, enter the original case number.	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.	-VS-			
	Respondent/Joint Petitioner B			
	Name (First, Middle and Last) _____			
	Current Mailing Address _____			
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	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.				

Decision and Order for Contempt

Case No. _____

STOP!

Do not complete the remainder of this form unless required by the court official who is hearing this case.

HEARING

A hearing was conducted in this matter as follows:

Enter the name of the court official who held the hearing and the address and date [month, day, year] of the hearing.	1. Before _____
	Circuit Court Judge/ Circuit Court Commissioner
	2. Location _____
3. Date _____	Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

APPEARANCES

Check one box from 1
and check a or b.
If b, enter the name of
the attorney.

1. **Former Petitioner/Joint Petitioner A**

- ☐ appeared **in person** ☐ appeared **by phone** ☐ **did not** appear **AND**
☐ A. was self-represented.
☐ B. was represented by Attorney _____.

Check one box from 2
and check a or b.
If b, enter the name of
the attorney.

2. **Former Respondent/Joint Petitioner B**

- ☐ appeared **in person** ☐ appeared **by phone** ☐ **did not** appear **AND**
☐ A. was self-represented.
☐ B. was represented by Attorney _____.

Check a, b, c, or d.
If b, c, or d, enter the
name of the individual
who appeared.

3. Others appearing at the hearing:

- ☐ A. None.
☐ B. Child Support Agency by _____.
☐ C. Guardian ad Litem (GAL) _____.
☐ D. Other: _____.

FINDINGS and ORDER

Based on the findings and reasons stated,
IT IS ORDERED:

Enter the name of the
party who was requested
to be found in contempt.

Check A or B.

If B, check all that apply
in 1-14 for which the
party was found in
contempt and enter the
corresponding
information.

1. The Order to Show Cause requested that _____ be
found in **Contempt**.

- ☐ A. The above named party IS NOT found to be in **Contempt**.
☐ B. The above named party has intentionally and without legal justification failed
to comply with a court order and IS found in **Contempt** for failure to:
☐ 1) Pay child support in the amount of \$_____ per _____.
☐ 2) Pay maintenance (spousal support) in the amount of \$_____ per
_____.
☐ 3) Pay family support in the amount of \$_____ per _____.
☐ 4) Pay uninsured medical bills/variable costs in the total amount of
\$_____.
☐ 5) Return property that was awarded to the other party.
☐ 6) Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real
Estate Transfer Return, vehicle titles, etc.).
☐ 7) Pay debts that he/she was ordered to pay.
☐ 8) Pay the amount of \$_____ to equalize the property settlement.
☐ 9) Allow the other party to claim the children as tax exemptions as
ordered.
☐ 10) Provide medical insurance cards and/or other medical records.
☐ 11) Pay transportation expenses related to placement in the total amount of
\$_____.
☐ 12) Follow legal custody/physical placement order.
☐ 13) Other: _____
☐ 14) Other: _____

2. **Remedial Sanctions** (requirements to force compliance with a court order)

- ☐ A. No Remedial Sanctions are ordered.
☐ B. The party named in #1 above is ordered arrested and committed to the
County jail for _____ days.
☐ 1) With Huber (Work Release) Privileges.
☐ 2) Without Huber (Work Release) Privileges.
☐ C. Other Sanctions as follows: _____

D. **Effective Date: The Remedial Sanction in B & C above is**

Check A, B, and/or C.

If B, enter the number of
days sentenced and check
1 or 2 to indicate if work
release privileges were
granted.

If C, enter the other
punishments.

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

If B or C, complete D
by checking 1 or 2 and
entering the date.

- ☐ 1) Made effective immediately _____.
- ☐ 2) Stayed (Delayed) until _____
☐ at which time the party shall report to the County Jail if not in full compliance.

Check A, B, and/or C.

If B, enter the amount
and the method of
payment the court
ordered.

If C, enter the other
terms under which the
party may get out of
contempt.

3. **Purge Terms:** The party is given the ability to purge (get rid of) the contempt by

- ☐ A. No purge terms are ordered.
- ☐ B. Paying \$ _____
- ☐ 1) In a one time payment by the following date _____
- ☐ 2) Per month beginning _____ until _____
- ☐ a. [Date] _____, 20____.
- ☐ b. All arrears balances are paid in full.
- ☐ c. Other: _____
- ☐ C. Other as follows: _____ ☐ See attached

Mark how the court
ordered the payments to
be made.

4. **Payments shall be made:**

- ☐ A. No payments are ordered to be made.
- ☐ B. to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200
- ☐ 1) directly from the payer to WI SCTF (**only allowable if self-employed**).
- ☐ 2) by income assignment from the payer's employer as indicated below:
- Employer name: _____
- Address of payroll office: _____
- City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____

Enter other orders made
by the court.

- ☐ 5. Other order(s): _____ ☐ See attached

Check A or B.

If B, enter the date and
time of the review
hearing, the judge who
will preside, and the
room number where the
hearing will take place.

6. **A future hearing**

- ☐ A. is NOT required.
- ☐ B. is set for [Date] _____ Time _____ ☐ a.m. ☐ p.m.
before _____ in Room # _____.

7. Both parties shall notify the Clerk of Court and the local Child Support Agency in writing, within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file moving papers to change this Order.
8. If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Court within the time period established by local court rule.
9. If this matter was heard by a Circuit Court Judge, this is a final judgment/order for purposes of appeal.

FAILURE TO OBEY THIS ORDER MAY RESULT IN A JAIL SENTENCE.

RATIFICATION AND CONFIRMATION

This Order of the Court Commissioner is ratified and confirmed as an Order of the Circuit Court.

When you submit this order to the court, you must send copies to the other parties. The other party has up to 5 business days to object to the accuracy of this order.