

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

Creditor(s) (Name and Address):

**Motion and Order for
Hearing on Contempt**

-VS-

Debtor(s) (Name and Address):

Case No. _____

UNDER OATH, I STATE THAT:

1. I was awarded a judgment for money damages under Ch. 799, Wis. Stats., against _____
 Name
 as judgment debtor on _____, in the amount of \$ _____.
 Date

2. A copy of the order for Financial Disclosure Statement was mailed or delivered to the judgment debtor.

3. More than 15 days have elapsed from the date of entry of judgment and:

- ☐ the judgment debtor has failed to comply with the order of the court and has given no reason for the failure to comply.
☐ the judgment debtor has failed to accurately or completely fill out the Financial Disclosure Statement.

I ask that the court schedule a hearing to determine why the judgment debtor has failed to comply with the Order for Financial Disclosure Statement.

Subscribed and sworn to before me

on _____

 Signature of Judgment Creditor

 Notary Public, State of Wisconsin

My commission expires: _____

 Date

THE COURT ORDERS:

1. The judgment debtor shall appear in person as stated below to answer why the judgment debtor has failed to comply with the Order for Financial Disclosure Statement.

Date	Time	Location (include Room No.)
Presiding Judge		

2. This motion and order shall be served on the judgment debtor by personal service, unless otherwise authorized by the court.
 3. **The judgment debtor may avoid appearing at this hearing only by, prior to the hearing date,**
 either (a) paying the judgment in full, or (b) delivering an accurate and complete Financial Disclosure Statement to the judgment creditor.
 4. If the judgment creditor does not appear at this hearing, this motion may be dismissed.

➤ **A finding of contempt for nonappearance or failure to comply with the court's order may result in any or all of the following penalties:**

- Imprisonment for up to **6 months**.
- Forfeiture of not more than **\$2000 per day**.
- Any other order necessary to ensure your compliance.

BY THE COURT:

If you need help in this matter because of a disability, please call:

 Circuit Court Judge/Circuit Court Commissioner

 Name Printed or Typed

 Date