

Oneida Family Court
P O Box 19
Oneida, WI 54155
(920) 496-7200

INSTRUCTIONS FOR FILING A MOTION TO REVISE DISPOSITIONAL ORDER

1. Complete and sign the Motion to Revise Dispositional Order.
2. Send a copy of the completed and signed motion to the other parties involved by first-class mail.
3. File the original motion form, your proof of service, and pay the \$25.00 filing fee with the Clerk (or request a fee waiver). **PLEASE NOTE: The court will not accept your motion without the proof of service and the filing fee.**
4. Unless the parties have attached a stipulated agreement, the other parties have 14 days to respond to your motion in writing. The court may also allow the parties to respond orally at the hearing.
5. Unless the parties have attached a stipulated agreement, a hearing will be scheduled after 14 days have passed from the date of your filing.

Any questions, call the Clerk of Court at (920) 496-7200.

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ONEIDA FAMILY COURT

IN THE INTEREST OF:

Name

Case No. _____

Date of Birth

Motion to Revise Dispositional Order

I STATE ON INFORMATION AND BELIEF:

- The petitioner is:
 - the Department.
 - the Nation's child welfare attorney.
 - the child, if age 12 or older.
 - the child's guardian ad litem.
 - the child's parent.

Child's Address and Telephone Number	
Parent 1's Name, Address, and Telephone Number	Date of Birth
Parent 2's Name, Address, and Telephone Number	Date of Birth
Legal Custodian or Guardian's Name, Address, and Telephone Number	
Petitioner's Name (If Not Listed Above, Include Address and Telephone Number)	

- I request the court revise the dispositional order as follows: _____
 See attached

- The revision(s) are being requested because of the following new information:

 See attached

- I request:
 - A hearing be scheduled on this motion.
 - The Court approve the attached stipulation which has been signed by all of the parties.

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Signature

Date

Name Printed or Typed

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ONEIDA FAMILY COURT

IN THE INTEREST OF:

_____ Case No. _____
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CERTIFICATE OF SERVICE BY MAIL

The undersigned, being first duly sworn on oath, certifies and says that he or she is a party in the above referenced matter and that on the date stated he or she did deposit a true and correct copy of the papers described below, properly enclosed in a postpaid envelope bearing sender's name and address, and addressed to the following person(s) at their proper post office address(es) as indicated.

Date Mailed: _____, 20____

Documents: **Motion to Revise Dispositional Order**

TO: Name
Street Address
City, State and Zip

Name
Street Address
City, State and Zip

Signature

Print name