

Circuit Court for _____ Case No. _____
City or County

Name _____ Name _____
Street Address _____ Apt. # _____ vs. Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____ City _____ State _____ Zip Code _____ Area Code _____ Telephone _____
Plaintiff *Defendant*

**PETITION FOR CONTEMPT
(Failure to Pay Child Support)
(Dom.Rel. 2)**

I, _____, representing myself, state that:
My name

1. I am the mother/father or _____
Circle One Relationship (for example, aunt, grandfather, guardian, etc.)

of the following minor child(ren) or adult disabled child(ren):

| | | | |
|-------|---------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| Name | Date of Birth | Name | Date of Birth |
| _____ | _____ | _____ | _____ |
| Name | Date of Birth | Name | Date of Birth |
| _____ | _____ | _____ | _____ |
| Name | Date of Birth | Name | Date of Birth |

2. On _____ the Circuit Court for _____ issued an
Date City or County

Order in case number _____, ordering _____
Name

to pay \$ _____ weekly/bi-weekly/monthly toward the support of the child(ren).
Amount

3. _____ has not made child support payments as required by the
Name

Order.

4. \$ _____ child support is due as of _____.
Amount Date

FOR THESE REASONS, I request the Court issue a Show Cause Order, issue an Order of Contempt for failure to pay child support, order payment of current child support and arrearages, and order any other appropriate relief.

_____ Date _____ Name

**IMPORTANT: YOU MUST ATTACH A SHOW CAUSE ORDER TO THIS FORM
(Use Form Dom.Rel. 53)**