

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

INSTRUCTIONS FOR FILING A MOTION TO VACATE CONSENT DECREE

1. Complete and sign the Motion to Vacate Consent Decree.
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 Vacate Consent Decree

I STATE ON INFORMATION AND BELIEF:

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)	

1. A consent decree was ordered by the court on [Date] _____.
2. The consent decree is scheduled to expire on [Date] _____.
3. The consent decree should be vacated because: _____

☐ See attached \

Signature

Date

Name Printed or Typed

The parties may stipulate and agree that the court may enter an order vacating the consent decree and reinstating the proceedings by attaching an agreement signed by all parties.

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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 Vacate Consent Decree**

TO: Name
 Street Address
 City, State and Zip

Name
Street Address
City, State and Zip

Signature

Print name