

In re the marriage of:

LEGAL SEPARATION (Code 40201)

\_\_\_\_\_,  
Petitioner,

and

**SUMMONS BY PUBLICATION**

\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_

THE STATE OF WISCONSIN, TO THE PERSON NAMED ABOVE AS RESPONDENT:

You are hereby notified that the petitioner named above has filed a petition for legal separation against you.

Within 45 days after \_\_\_\_\_, exclusive of the date just stated, you must respond with a written demand for a copy of the petition.

The demand must be sent or delivered to this court, whose address is:

Clerk of Circuit Court, Jackson County Courthouse, 307 Main Street, Black River Falls, WI 54615,  
and to \_\_\_\_\_, the petitioner, whose address is:  
\_\_\_\_\_.

You may have an attorney help or represent you.

If you do not demand a copy of the petition within 45 days, the court may grant judgment against you for the award of money or other legal action requested in the petition, and you may lose your right to object to anything that is or may be incorrect in the petition. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment of wages or seizure of property.

You are hereby notified that if you and the petitioner have minor children, violation of the following criminal statute is punishable by a fine or imprisonment, or both:

**Wis. Stat. § 948.31 Interference with custody by parent or others.**

If you and the petitioner have minor children, a document setting forth the percentage standard for child support established by the Department of Workforce Development under Wis. Stat. § 49.22(9) and listing the factors that a court may consider for modification of that standard under Wis. Stat. § 767.25(1m) is available upon your request from the clerk of court.

You are further hereby notified of the availability of information set forth in Wis. Stat. § 767.081 from the family court commissioner.

(over)

**If you require the assistance of auxiliary aids or services because of a disability, please call 715-284-0213 and ask for Kathy Powell.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY

\_\_\_\_\_  
Petitioner pro se Signature

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

6/8/04