

IN THE INTEREST OF

**Uniform Child Custody Jurisdiction  
And Enforcement Act Affidavit**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

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

**UNDER OATH, I STATE:**

1. The child(ren)'s name and present address are

Name(s): \_\_\_\_\_

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

See attached

2. The child(ren) have lived in the following places over the last five years:

\_\_\_\_\_

See attached

3. The name and present address of each person(s) with whom the child(ren) have lived over the last 5 years is

Name(s): \_\_\_\_\_

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

Time Period: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Time Period: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Time Period: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Time Period: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Time Period: \_\_\_\_\_

4. I have participated as a party, witness or in any other capacity in any other proceeding concerning the custody, physical placement, or visitation with the child(ren).

Yes  No If Yes, identify court, case number and date of any determination.

\_\_\_\_\_

5. I have information of other proceedings concerning the child(ren) pending in Menominee Tribal Court, Wisconsin or any other state or tribal court, including enforcement, domestic violence, protective orders, termination of parental rights and adoption.

Yes  No If Yes, identify court, case number and date of any determination.

\_\_\_\_\_

6. I know of persons not a party to this proceeding who have physical custody of the child(ren) or claim to have custody, physical placement, or visitation rights with respect to the child(ren).

Yes  No If Yes, give name and address of each person"

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I understand that I have a duty to inform the court if I learn in the future of any proceeding concerning the child in Wisconsin or any other state or tribal court.

**I declare under the penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)