

AFFIDAVIT OF REUNIFICATION

In case number _____ I, _____ ,
hereby attest that _____ and I have been residing together
at _____ (ADDRESS)
as of _____ (DATE).

Print Name

Signature

Date

Subscribed and sworn to before me on

Date

Notary Public, State of Wisconsin, County of Marinette
My commission expires: _____

You are court ordered to notify the child support agency and Clerk of Court of any change in address, phone number or employer within 10 days of any change.