

STATE OF WISCONSIN, CIRCUIT COURT, CLARK COUNTY

For Official Use

In RE: The marriage paternity of _____

Mark marriage or paternity. If paternity, enter initials of child. You can find this information on your court document.

Petitioner/Joint Petitioner:

First Name _____ Middle _____
Current Mailing Address _____
City _____ State _____ Zip _____ Daytime phone number _____

Enter name and address of Petitioner as it appears on your court documents.

vs.

Respondent/Joint Petitioner:

First name _____ Middle _____
Current Mailing Address _____
City _____ State _____ Zip _____ Daytime phone number _____

Enter name and address of Respondent as it appears on your court documents.

Stipulation and Order to Change:

- Legal Custody
 Physical Placement
 Child Support
 Maintenance
 Family Support
 Arrears Balances
 Other: _____

Mark the box for the change(s) you are requesting.

Enter the original case number as it appears on your court documents.

The State of Wisconsin (Child Support Agency)

- is
 is not a party
- Contact Child Support Agency to determine whether state is a party

Case No. _____

Findings/Basis: The parties agree that the requested changes are based on the following facts:

1. Current Income and Other Information

- A. Wife/Mother Gross monthly income \$ _____
B. Husband/Father Gross monthly income \$ _____
C. Parties have _____ children subject to the child support order.
D. Health insurance for the children.
1. A comprehensive private health insurance policy is in effect and the cost and/or neither parent's income is currently more than _____
2. _____ provides health insurance at _____

1A and 1B enter the gross income (before taxes) for both parties (hourly rate of pay X 40 hours X 4.3 weeks in a month).

In D, check 1 or 2 to indicate if private insurance is available. If checking 2, provide cost of insurance premium.

In C, enter number of children subject to this order.

2. Basis for Change

This agreement is based on the following substantial change in circumstance(s) that have occurred since the entry of the prior court order in this case:

- A. a child who was living with _____ is now living with _____.
B. a child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.
C. one of the parties has or will be moving to a different residence.
D. there was not a placement schedule and the parties could not agree.
E. the availability or cost of health insurance has changed.
F. employment or work shift of _____ both parties has changed.
G. income or wages of _____ both parties has changed.
H. the party to whom maintenance is owed has remarried.
I. Other: _____

In 2, check all that apply in A-I. If choosing I, enter the change of circumstances that prompted the change.

Agreements: The parties agree that the judgment or order in this case should be changed as follows, and that the court may enter this stipulation as an order without a court hearing.

1. **Modify Current Financial Order(s)**

If receiving public assistance benefits, you may not modify the financial order without approval from the child support agency.

A. **Child Support**

If modifying financial orders, check 1. Complete sections A-H, completing all sections under each that apply.

1. Is **currently** held open (\$0) _____% per _____. The amount is paid by _____ to _____. This child support order:
- did not deviate from the percentage standard for any reason.
 - did deviate from the percentage standard when it was set because:
 - the cost of health insurance paid by _____.
 - other reasons as follows: _____.
2. Shall be **changed** to a new amount that is based on the gross income above and the following percentage of income standard:
- | | |
|---|---|
| <input type="checkbox"/> 17% for one child. | <input type="checkbox"/> *split-placement formula |
| <input type="checkbox"/> 25% for two children. | <input type="checkbox"/> *shared-placement formula |
| <input type="checkbox"/> 29% for three children. | <input type="checkbox"/> **serial-family parent formula |
| <input type="checkbox"/> 31% for four children. | <input type="checkbox"/> low-income payer formula |
| <input type="checkbox"/> 34% for five or more children. | <input type="checkbox"/> high-income payer formula |

***Shared-placement or split-placement:**

Describe or attach the placement percentage of time with each parent.

See attached

****Serial-family parent:**

Describe or attach the calculation. _____

See attached

Based on this standard, the support order in this case would be \$ _____ per _____ and paid by _____ to _____.

We agree to

- set support based on this standard beginning _____, 20 ____.
- deviate from the amount of support calculated above because:
 - A cash medical contribution toward the cost of medical and health expenses
 increases decreases the standard amount by \$ _____.
 - Other (explain the reason you agree support should be different than the standard)

This other deviation increases decreases the standard amount by \$ _____.

After calculating the deviation(s), we agree to set child support to \$ _____ per _____ and paid by _____ to _____ beginning _____, 20 ____.

B. **Maintenance**

- This is currently \$0 \$ _____ _____% per _____ and paid by _____.
- Shall be changed to the following beginning _____, 20 ____
 - \$0.
 - \$ _____ _____% per _____ and paid by _____.

C. **Family Support**

- That is current \$0 \$ _____ _____% per _____ and paid by _____.

Enter standard calculation using 2 above.

Complete a-b with amount you are setting support at. You cannot deviate from the standard if one of you are receiving public assistance benefits (i.e BadgerCare).

Make sure to fill in the date the new order will start.

2. Shall be changed to the following beginning _____, 20_____

a. \$0

b. \$ _____ per _____ and paid by _____.

D. **Arrears Payment**

1. That is currently \$0 \$ _____ _____ % per _____ and paid by _____

2. Shall be changed to the following beginning _____, 20_____.

a. \$0.

b. \$ _____ _____ % per _____ and paid by _____.

E. **Arrears Interest Payment**

1. That is currently \$0 \$ _____ _____ % per _____ and paid by _____

2. Shall be changed to the following beginning _____, 20_____.

a. \$0

b. \$ _____ per _____ and paid by _____.

F. **Child Support Arrears Balance**

1. That is currently \$0 \$ _____ and owed by _____

2. Shall be changed to the following beginning _____, 20_____.

a. \$0.

b. \$ _____

G. **Child Support Interest Balance**

1. That is currently \$0 \$ _____ and owed by _____

2. Shall be changed to the following beginning _____, 20_____.

H. **Other Arrears Balance**

1. For (type of arrears) _____ that is currently

a. \$0

b. \$ _____ owed by _____

2. Shall be changed to the following beginning _____, 20_____.

a. \$0

b. \$ _____

I. **Other Financial changes as follows:**

2. **Payments shall be made**

A. no payments are ordered.

B. to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, WI 53274-0200.

1. directly from the payer to WI SCTF (**only allowable if self-employed**).

2. by income assignment from the payer's employer as indicated below:

Employer name _____

Address of payroll office _____

City _____ State _____ Zip _____

Phone _____ Fax _____

3. **Modify**

A. **Physical Placement Order(s)** (time with children) for the following children:

1. from primary physical placement with (name of parent) _____

To primary placement with (name of parent) _____

Check either A or B. If B, complete section 1 or 2.

In 3, you are requesting changes to physical placement. Check A and list names of children. Check 1, 2, 3, or 4.

Make sure you enter parents' names and enter or attach the new placement schedule.

2. from shared placement to primary placement with (name of parent) _____

3. from primary placement to shared placement.

4. from the current shared placement schedule (if any) to a new shared placement schedule.

The new placement schedule for the changes in 1-4 above is as follows:

_____ See attached

5. to require placement with (name of parent) _____
be supervised unsupervised.

6. Other: _____ See attached

4. Additional changes as follows:

See attached

THE COURT ADOPTS AS FINDINGS THE FACTS SET FORTH ABOVE.

THE COURT FURTHER FINDS:

Rest of page 4 is to be completed by the Court.

Make sure both parties sign page 5 where indicated, print your name, and date of your signature.

The rest of page 5 is to be completed by the Court and the Child Support Agency.

When completed, take this document to the Clark County Clerk of Courts for filing. You may need to pay a filing fee.