

Petitioner/Joint Petitioner A: \_\_\_\_\_

Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which the original case was filed.

**STATE OF WISCONSIN, CIRCUIT COURT,**  
\_\_\_\_\_ **COUNTY**

Mark marriage or paternity. If paternity, enter initials of child.

IN RE: THE  MARRIAGE  PATERNITY OF \_\_\_\_\_

Enter the name, address, and daytime phone number of the petitioner/joint petitioner A from the original case file.

**Petitioner/Joint Petitioner A**

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip Daytime phone number

and

On the far right, mark the box for the change(s) you are requesting and enter the original case number.

**Stipulation to Change**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Family Support
- Arrears Payment/Balances
- Other: \_\_\_\_\_

Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file.

**Respondent/Joint Petitioner B**

\_\_\_\_\_  
Name (First, Middle and Last)

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip Daytime phone number

Mark if the State of Wisconsin is a party or not. If you are unsure, call your local Child Support Agency.

The State of Wisconsin (Child Support Agency)

- is**
- is not** a party to this action.

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

**FINDINGS/BASIS**

In 1.A and B, complete the gross income (before taxes) for both parties.

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

1. **Current Income and Other Information**

- A. Petitioner/Joint Petitioner A Gross **monthly** income \$ \_\_\_\_\_ Employer \_\_\_\_\_
- B. Respondent/Joint Petitioner B Gross **monthly** income \$ \_\_\_\_\_ Employer \_\_\_\_\_
- C. Parties have \_\_\_\_\_ children subject to the child support standard.
- D. Health insurance for the children.
  - 1. A comprehensive private health insurance policy is not available to either parent at a reasonable cost and/or neither parent's income is currently more than 150% of the federal poverty level.
  - 2. \_\_\_\_\_ provides health insurance at the cost of \$ \_\_\_\_\_ per \_\_\_\_\_.

In C, enter number of children under 18, and under 19 and pursuing a course of education leading to a high school diploma or its equivalent.

In D, check 1 or 2 to indicate if private health insurance is available. If 2, indicate who provides the insurance and how much it costs.

2. 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 I, enter the change in circumstance that has prompted you to make this agreement.

**See attached**

If you are modifying financial orders, check 1. Complete all sections you are changing in 1A-1H.

If you are changing child support, check 1.A. In 1, enter the current child support order and check a or b. If b, check 1 or 2 and complete as required.

In 2, check the standard calculation that applies to the specifics of this case after considering the gross income of the parties, other payment obligations of the parties, and physical placement of the children.

In a, enter support amount based on standard calculation, frequency of payment and which party is paying. Check a or b.

If b, check 1 or 2. If 2, explain and indicate the new child support amount based on the deviation.

If b, enter the amount of the order, the frequency of the payment, and indicate which parent will be making the payments.

In 1, enter the current order by indicating the current support amount, the frequency of payment, and the name of party who currently pays or owes the money.

In 2, indicate the month, day and year the new payment should begin and what you have agreed to change the support amount by checking a or b.

If you are changing any category in B-E, check the amount type of support you are changing.

Arrears owed to the State cannot be

**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)**

A. **Child Support**

1. is **currently**  held open (\$0)  \$ \_\_\_\_\_  \_\_\_\_% per \_\_\_\_\_.  
The amount is paid by \_\_\_\_\_ to \_\_\_\_\_.

This child support order

a. did not deviate from the percentage standard for any reason.

b. did deviate from the percentage standard when it was set because:

1. The cost of health insurance paid by \_\_\_\_\_.

2. 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:

17% for one child.

\*split-placement formula.

25% for two children.

\*shared-placement formula.

29% for three children.

\*\*serial-family parent formula.

31% for four children.

low-income payer formula.

34% for five or more children

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. \_\_\_\_\_

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

See attached

4. We agree to

a. set support based on this standard beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

b. deviate from the amount of support calculated above because:

1. a cash medical contribution toward the cost of medical and health expenses  increases  decreases this child support amount by \$\_\_\_\_\_ per \_\_\_\_\_.

2. Other: [Explain the reason you agree support should be different than the standard amount]

\_\_\_\_\_ 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 [Date] \_\_\_\_\_, 20\_\_\_\_\_.

B. **Maintenance**

1. is **currently**  \$0  \$ \_\_\_\_\_  \_\_\_\_% per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

2. shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

a. \$0.

b. \$ \_\_\_\_\_  \_\_\_\_% per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

C. **Family Support**

1. is **currently**  \$0  \$ \_\_\_\_\_  \_\_\_\_% per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

2. shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

a. \$0.

b. \$ \_\_\_\_\_ per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

D. **Arrears Payment**

modified without written approval of the Child Support Agency.  
  
 Examples of types of arrears include Child Support, Child Support Interest, Maintenance, Family Support, Medical Support, and Health Care Expenses.

The law requires that all child support, maintenance, and family support payments be made to the WI SCTF and **NOT** directly between the parties.

If B, check 1 or 2. If 2, enter employer information.

In 3, Describe the other financial agreements in as much detail as possible. Include amounts, dates, names, etc.

In 4, if you are requesting changes to physical placement, check A and enter the names of the children for whom you have agreed to changes. Check 1, 2, 3, or 4, enter the parents' names as requested and enter or attach the new placement schedule. If making a change to terms of placement related to supervision, check 5 and complete all relevant information.

If other, check 6 and enter the specific information.

If you are requesting changes to legal custody, check B and enter the names of the children for whom you have agreed to changes. Check 1, 2, or 3 and enter the requested information. If you are modifying anything else, check and complete 4.

- 1. is **currently**  \$ \_\_\_\_\_  % per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.
- 2. shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.  
 \$ \_\_\_\_\_  % per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.
- E. **Other Arrears Balance**
  - 1. For [type(s) of arrears] \_\_\_\_\_ that is currently
    - a. **\$0.**
    - b. \$ \_\_\_\_\_ owed by [Name] \_\_\_\_\_ to \_\_\_\_\_.
  - 2. Shall be **changed** to the following beginning \_\_\_\_\_, 20 \_\_\_\_\_
    - a. **\$0.**
    - b. \$ \_\_\_\_\_.

- 2. **PAYMENTS SHALL BE MADE**
  - A. no payments are ordered.
  - B. to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 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. **OTHER FINANCIAL CHANGES AS FOLLOWS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4. **MODIFY PHYSICAL PLACEMENT AND/OR LEGAL CUSTODY**
  - 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] \_\_\_\_\_.
    - 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**

- B. **Legal Custody** (Decision making) for the following children: \_\_\_\_\_
  - 1. to joint legal custody with both parents.
  - 2. to sole legal custody with [Name of Parent] \_\_\_\_\_.
  - 3. Other: \_\_\_\_\_  **See attached**
  - 4. **Additional changes** as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  **See attached**

Petitioner/Joint Petitioner A: \_\_\_\_\_

Respondent/Joint Petitioner B: \_\_\_\_\_

Stipulation to Change: Support/Maintenance/Custody/Placement/Maintenance/Arrears Page 4 of 4 Case No. \_\_\_\_\_

In 5, check if hearing can be removed for the courts calendar.

5. The court hearing scheduled for [Date] \_\_\_\_\_, 20\_\_\_\_ can be removed from the court's calendar.

Petitioner/Joint Petitioner A must sign, print name and enter the date on which document was signed.  
**NOTE:** This signature does not need to be notarized.

▶ \_\_\_\_\_  
Petitioner/Joint Petitioner A  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date

Respondent/Joint Petitioner B must sign, print name and enter the date on which document was signed.  
**NOTE:** This signature does not need to be notarized.

▶ \_\_\_\_\_  
Respondent/Joint Petitioner B  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date

If either party is receiving public assistance or there is a case worker from the Child Support Agency assigned to your case, you must take this agreement to the Child Support Agency in your county for his/her approval. If not, mark not required.

**State of Wisconsin, Child Support Agency**

- Approved
- Not Approved
- Not Required

\_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date

If a Guardian ad Litem has been appointed to your case, you must take this agreement to the GAL for his/her approval. If not, mark not required.

**Guardian ad Litem**

- Approved
- Not Approved
- Not Required (No GAL has been appointed)

\_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date

**PARTIES MUST INCLUDE A PROPOSED ORDER THAT WILL ONLY BECOME ENFORCEABLE IF SIGNED BY A CIRCUIT COURT JUDGE OR CIRCUIT COURT COMMISSIONER.**

Petitioner/Joint Petitioner A: \_\_\_\_\_

Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Mark marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____
Enter the name, address, and daytime phone number of the petitioner/joint petitioner A from the original case file.	<b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last) _____ Current Mailing Address
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	City _____ State _____ Zip _____ Daytime phone number _____
Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file.	and <b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address
Mark if the State of WI is a party or not. If you are unsure, you may call your local Child Support Agency.	City _____ State _____ Zip _____ Daytime phone number _____ The State of Wisconsin (Child Support Agency) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.

**Order on Stipulation to Change**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Family Support
- Arrears Payment/Balances
- Other: \_\_\_\_\_

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

**THE COURT ADOPTS AS FINDINGS THE FACTS SET FORTH IN THE STIPULATION DATED \_\_\_\_\_.**

**For Court Use Only.  
To be used with  
FA-604A.**

**THE COURT FURTHER FINDS:**

Deviation from the child support percentage standards meets the requirements of §767.511(1n), Wis. Stats.

**THE COURT ORDERS:**

- A. The stipulation is **approved**.
  1. The previous judgment or order is amended accordingly.
  2. All provisions of the previous judgment or order not amended by this order remain in full effect.
  3. Whenever private, accessible and reasonably-priced health insurance becomes available to either parent at a reasonable cost, that parent shall enroll the child(ren) as covered dependents under his/her health insurance, unless the child(ren) are already enrolled under another private health insurance plan or unless the parent's income is below 150% of the federal poverty level.
- B. The stipulation is **denied** because \_\_\_\_\_
- C. The court hearing scheduled for [Date] \_\_\_\_\_, 20\_\_\_\_ is removed from the court's calendar.

If this order modified legal custody or physical placement in any way, you are informed that:

1. Each parent must notify the other parent, the child support agency, and the clerk of courts of the address at which they may be served within 10 business days of moving to that address. The address may be a street or post office address.
2. The address provided to the court is the address on which the other parties may rely for service of any motion relating to modification of legal custody or physical placement or to relocating the child's residence.
3. A parent granted periods of physical placement with the child must obtain a court order before

Petitioner/Joint Petitioner A: \_\_\_\_\_

Respondent/Joint Petitioner B: \_\_\_\_\_

Order to Change: Custody/Physical Placement/Support/Maintenance/Arrears Payment

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

relocating with the child 100 miles or more from the other parent if the other parent also has court-ordered periods of physical placement with the child.

**BY THE COURT:**

**For Court Use Only.**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner

\_\_\_\_\_  
Title (Print or Type Name if not eSigned)

\_\_\_\_\_  
Date