

**PRINT in BLACK ink**

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

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

*For Official Use*

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 or joint petitioner from the original case file.

**Petitioner/Joint Petitioner:**

\_\_\_\_\_  
First name Middle name Last name

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

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

Vs.

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

**Stipulation and Order to:**

- Change Legal Custody**
- Change Physical Placement**
- Change Child Support**
- Change Maintenance**
- Change Family Support**
- Change Arrears Balances**
- Other:** \_\_\_\_\_

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

**Respondent/Joint Petitioner:**

\_\_\_\_\_  
First name Middle name Last name

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

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

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

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

The State of Wisconsin (Child Support Agency)

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

If you are modifying financial orders, check 1 and complete A-D.

In A, check 1 or 2. If 1, enter the names of the payer and payee and indicate what is currently ordered by marking all that apply in a-f and entering the amount of the current order.

In B, check 1 or 2 to indicate to what amount you want the order changed. If 1, enter the names of the payer and payee, the date the order shall be effective, check all that apply in a-f, and enter the new amount. If 2, enter the reasons.

The parties agree that the judgment 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. The current financial order is as follows:**

- 1.  \_\_\_\_\_ pays support to \_\_\_\_\_ for
  - a.  **Child Support** in the amount of \$ \_\_\_\_\_  % \_\_\_\_\_ per month.
  - b.  **Maintenance** in the amount of \$ \_\_\_\_\_  % \_\_\_\_\_ per month.
  - c.  **Family Support** in the amount of \$ \_\_\_\_\_  % \_\_\_\_\_ per month.
  - d.  **Arrears** in the amount of \$ \_\_\_\_\_  % \_\_\_\_\_ per month.
  - e.  **Arrears Interest** in the amount of \$ \_\_\_\_\_  % \_\_\_\_\_ per month.
  - f.  **Other Financial Orders:** \_\_\_\_\_

2.  No support is currently ordered.

**B. Financial Order Changes:** The parties agree that support orders shall be changed as follows:

- 1.  \_\_\_\_\_ shall make payments to \_\_\_\_\_ beginning the first day of the month of \_\_\_\_\_, 20 \_\_\_\_ for
  - a.  **Child Support** in the amount of \$ \_\_\_\_\_ per month.
  - b.  **Maintenance** in the amount of \$ \_\_\_\_\_ per month.
  - c.  **Family Support** in the amount of \$ \_\_\_\_\_ per month.
  - d.  **Arrears Payment** in the amount of \$ \_\_\_\_\_ per month.
  - e.  **Arrears Interest** in the amount of \$ \_\_\_\_\_ per month.
  - f.  **Other Financial Orders:** \_\_\_\_\_

2.  No support shall be ordered from either party at this time because \_\_\_\_\_

**C. Child Support Calculation:** The new order for child support is based on

In C, check 1, 2, or 3.

If 2, check the box for the percentage standard used.

If 3, check which applies in a-f.

1.  No change in child support was made.
2.  DWD Chapter 40 Child Support Percentage of Income Standard. (Based on Gross Income –  17% for one child,  25% for two children,  29% for three children,  31% for four children,  34% for five or more children)
3.  This amount deviates from the DWD 40 Child Support Standard amount which would be unfair because child support should be calculated using the:
  - a.  split-placement calculation
  - b.  shared-placement calculation
  - c.  serial-family payer calculation
  - d.  low-income payer calculation
  - e.  high-income payer calculation
  - f.  other \_\_\_\_\_

In D, check 1, 2, or 3.

If 2, check a or b.

If b, complete the payer's employer information.

**D. Payments**

1.  No payments are ordered to be made.
2.  Shall be made to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200. Payments shall be made:
  - a.  Directly from the payer to WI SCTF (**only allowable if self-employed**).
  - b.  By income assignment from the payer's employer as indicated below:  
 Employer name: \_\_\_\_\_  
 Address of payroll office: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3.  Payments shall be made directly from one party to the other (**not allowable for child support, family support, or maintenance**).

If you are modifying Legal Custody, check 2, enter the names of the children, and check & complete A, B, or C.

2.  **Modify Legal Custody Order(s):** The legal custody of the following children: \_\_\_\_\_ is changed as follows:
  - A.  To joint legal custody with both parents.
  - B.  To sole legal custody with [name of parent] \_\_\_\_\_
  - C.  Other: \_\_\_\_\_

If you are modifying Physical Placement, check 3, enter the names of the children, check & complete A, B, C, D, or E and enter the new orders.

3.  **Modify Physical Placement Order(s):** The physical placement of the following children: \_\_\_\_\_ is changed as follows:
  - A.  To shared physical placement according to the following schedule: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 See attached
  - B.  To primary physical placement with (name of parent) \_\_\_\_\_ and (name of parent) \_\_\_\_\_ receiving periods of physical placement (visitation) according to the following schedule: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 See attached
  - C.  To require placement be  supervised  unsupervised as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 See attached
  - D.  According to the attached placement schedule.
  - E.  Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 See attached

If you are modifying anything else, check and complete 4.

4.  **Additional Changes** are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See attached**

The former wife/mother must sign and print her name.

Enter the date on which she signed her name.

**Note:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

The former husband/father must sign and print his name.

Enter the date on which he signed his name.

**Note:** This signature does not need to be notarized.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**State of Wisconsin, Child Support Agency**

- Approved
- Not Approved
- Not Required

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 their approval.

If not, mark not required.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**THE COURT ORDERS:**

1. This stipulation is approved and the judgment is amended accordingly.
2. All provisions of the previous judgment not amended by this order remain in full effect.

**BY THE COURT:**

**For Court Use Only**

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

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date