|  |  |  |
| --- | --- | --- |
| 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. |
| **Respondent/Joint Petitioner B**    Name (First, Middle and Last)    Current Mailing Address               City State Zip Daytime phone number | Stipulation to Change Legal Custody  Physical Placement  Child Support  Maintenance  Family Support  Arrears Payment/Balances  Other:  Case No. |
| Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file. |
| 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. |

|  |  |  |  |  |  |  |  |  |  |
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|  | **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** | | | | | | | |
| 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. |  | 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. | | | | | | |
| 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. |  | 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 2, check all that apply in A-I. If I. enter the change in circumstance that has prompted you to make this agreement. | 2. | This agreement is based on the following: | | | | | | | |
|  | 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. | | | | | | |
|  | 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: | | | | | | |
|  |  |  |  | **See attached** | | | | | |
| If you are modifying financial orders, check 1. Complete all sections you are changing in 1A-1E. | **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** | | | | | | |
| 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. |  |  | 1) | | is **currently**  held open ($0)  $             % per       . The amount is paid by       to       . This child support order | | | | |
|  |  |  | | a. | | did not deviate from the designated percentage or applicable formula for any reason. | | |
|  |  |  | | b. | | did deviate from designated percentage or applicable formula when it was set because: | | |
|  |  |  | |  | | 1. | The cost of health insurance paid by       . | |
|  |  |  | |  | | 2. | Other reasons as follows:       . | |
| In 2, check the 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. |  |  | 2) | | shall be **changed** to a new amount that is based on the gross income above and the following standard child support calculation: | | | | |
|  |  |  | | **Indicate Number of Children and**  **designated percentage:** | | | | **Check any that apply:** |
|  |  |  | | 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. |
| In 4a, enter support amount based on this calculation, frequency of payment and which party is paying. Check a or b.  If 4b, 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. |  |  |  | | \***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 calculation, 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 calculation 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**. | | |
| If you are changing any category in B-E, check the amount type of support you are changing. |  |  |  | | b. | | $            % per       and paid by [Name]       . | | |
|  | C. | **Family Support** (applies to existing family support orders only) | | | | | | |
|  |  | 1) | | is **currently**  $            % per       and paid by [Name]       . | | | | |
|  |  |  | 2) | | shall be **changed** to the following beginning [Date]       , 20      . | | | | |
|  |  |  |  | | a. | | $**0**. | | |
| Arrears owed to the State cannot be 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. |  |  |  | | b. | | $      per       and paid by [Name]       . | | |
|  | D. | **Arrears** **Payment** | | | | | | |
|  |  | 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**. | | |
| The law requires that all child support, maintenance, and family support payments be made to the WI SCTF and **NOT** directly between the parties. |  |  |  | | 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: | | | |
| If B, check 1 or 2. If 2, enter employer information. |  |  |  | | | Employer name  Address of payroll office  City       State       Zip  Phone       Fax | | | |
| In 3, Describe the other financial agreements in as much detail as possible. Include amounts, dates, names, etc. | 3. | **Other Financial changes as follows:** | | | | | | | |
| 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. | 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]       . | | | |
|  |  |  | | | If one parent is awarded placement for less than 25% of the time, more placement time with the parent is not in the child’s best interest for the following reasons:        . | | | |
|  |  | 2) | | | from shared placement to primary placement with [Name of Parent]       . | | | |
|  |  |  | | | If one parent is awarded placement for less than 25% of the time, more placement time with the parent is not in the child’s best interest for the following reasons:        . | | | |
|  |  | 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. | | | |
| If other, check 6 and enter the specific information. |  |  | 6) | | | Other:  **See attached** | | | |
| 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. |  | 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** | | | |
| 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    Address    Email Address Telephone Number    Date State Bar No. (if any) |
|  |  |  | | | | | | |  |
| 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    Address    Email Address Telephone Number    Date State Bar No. (if any) |
|  |  |  | | | | | | | |
| 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 | | | | | | | ►  Authorized Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) |
|  | Not Required | | | | | | |
|  |  | | | | | | |
|  |  |  | | | | | | |  |
| 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    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) |
| Check box if a lawyer mediator helped to complete this form. |  | **This document was prepared with the assistance of a lawyer acting as mediator.** | | | | | | | |
| **PARTIES MUST INCLUDE A PROPOSED ORDER THAT WILL ONLY BECOME ENFORCEABLE**  **IF SIGNED BY A CIRCUIT COURT JUDGE OR CIRCUIT COURT COMMISSIONER.** | | | | | | | | | |