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

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

vs.

Stipulation and Order to Change:

☐ Legal Custody
☐ Physical Placement
☐ Child Support
☐ Maintenance
☐ Family Support
☐ 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

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.

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 $_____ Employer _____
   - B. Husband/Father 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 1A and B, complete the gross income (before taxes) for both parties.
In C, enter the number of children subject to child support.
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. **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 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.

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 you are changing any category in B-G, check the type of support you are changing.
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 to by checking a or b. If b, enter the amount of the order, the frequency of the payment, and indicate which parent will be making the payments.

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. _____
☐ **See attached**

Based on this standard, the support order in this case would be $_____ per _____ and paid by _____ to _____.
We agree to
a. ☐ set support based on this standard beginning _____, 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_____, 20____.

B. ☐ **Maintenance**

1. That is **currently** ☐ **$0** ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20____
   a. ☐ $**0**.
   b. ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.

C. ☐ **Family Support**

1. That is **currently** ☐ **$0** ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20 ____
   a. ☐ $**0**.
   b. ☐ $_____ per _____ and paid by (Name) _____.

D. ☐ **Arrears Payment**
1. That is **currently** ☐ **$0** ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20_____
   a. ☐ $**0**.
   b. ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.

E. ☐ **Arrears Interest Payment**
1. That is **currently** ☐ **$0** ☐ $_____ ☐ ____% per _____ and paid by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20_____
   a. ☐ $**0**.
   b. ☐ $_____ per _____ and paid by (Name) _____.

F. ☐ **Child Support Arrears Balance**
1. That is **currently** ☐ **$0** ☐ $_____ and owed by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20_____
   a. ☐ $ **0**.
   b. ☐ $ _____

G. ☐ **Child Support Interest Arrears Balance**
1. That is **currently** ☐ **$0** ☐ $_____ and owed by (Name) _____.
2. Shall be **changed** to the following beginning _____, 20_____
   a. ☐ $ **0**.
   b. ☐ $ _____

H. ☐ Other **Arrears Balance**
1. For (type(s) of arrears) _____ that is currently
   a. ☐ **$0**.
   b. ☐ $_____ owed by (Name) _____
2. Shall be **changed** to the following beginning _____, 20 _____
   a. ☐ $**0**.
   b. ☐ $_____

If I, describe the other financial agreements in as much detail as possible. Include amounts, dates, names, etc.

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

_____
_____
_____
_____

In 2, check A or B.

If B, check 1 or 2.

If 2, complete the payer's employer information.

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 _____

In 3, 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.

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) _____
   2. ☐ from shared placement to primary placement with (Name of Parent) _____
   3. ☐ from primary placement to shared placement.

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.

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**

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.

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**

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

4. ☐ **Additional changes** as follows:

_____

_____

_____

☐ **See attached**

THE COURT ADOPTS AS FINDINGS THE FACTS SET FORTH ABOVE.

☐ **THE COURT FURTHER FINDS:**

For Court Use Only.

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

1. Amount support would be using percentage standard is as set forth in Agreements 1.A.2.
2. Amount support deviates from percentage standard is as set forth in Agreements1.A.2.b.
3. The percentage standard is unfair
   ☐ for the reasons set forth in 1.A.2.
   ☐ Other: _____
4. The basis for the modification is
   ☐ as set forth above.
   ☐ Other: _____

THE COURT ORDERS:

1. This stipulation is approved and 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.

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.

▶ _____
Wife/Mother

_____
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.

▶ _____
Husband/Father

_____
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 their 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

For Court Use Only.

BY THE COURT:

_____
☐ Circuit Court Judge ☐ Circuit Court Commissioner

_____
Print or Type Name

_____
Date