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.		
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	**Stipulation to Change** ☐ Legal Custody ☐ Physical Placement ☐ Child Support ☐ Maintenance ☐ Family Support ☐ Arrears Payment/Balances ☐ Other: _____
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 _____

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.	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 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: _____ ☐ **See attached**

FA-604A, 11/19 Stipulation to Change: Custody/Physical Placement/Support/Maintenance/Arrears   §§767.451, 767.461, 767.553, 767.59, and 767.89, Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.
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Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

<table>
<tr><td>

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

</td><td>

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)**

</td></tr>
</table>

☐ 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   ☐ high-income payer formula.
      children

      *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] _____.

FA-604A, 11/19 Stipulation to Change: Custody/Physical Placement/Support/Maintenance/Arrears §§767.451, 767.461, 767.553, 767.59, and 767.89, Wisconsin Statutes
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<table>
<tr><td>

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.

</td><td>

☐ 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**.
     ☐ b. $_____.

</td></tr>
</table>

☐ 2. **PAYMENTS SHALL BE MADE**

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<tr><td>

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

</td><td>

☐ A. no payments are ordered.

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

</td></tr>
<tr><td>

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

</td><td>

   ☐ 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 _____

</td></tr>
</table>

<table>
<tr><td>

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

</td><td>

☐ 3. **OTHER FINANCIAL CHANGES AS FOLLOWS:**

_____
_____
_____
_____
_____

</td></tr>
</table>

☐ 4. **MODIFY PHYSICAL PLACEMENT AND/OR LEGAL CUSTODY**

<table>
<tr><td>

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.

</td><td>

☐ 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.

</td></tr>
<tr><td>

If other, check 6 and enter the specific information.

</td><td>

   ☐ 6) Other: _____
     ☐ **See attached**

</td></tr>
<tr><td>

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.

</td><td>

☐ 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**

</td></tr>
</table>

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<table>
<tr><td>

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

</td><td>

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

</td></tr>
<tr><td>

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.

</td><td>

▶ _____
Petitioner/Joint Petitioner A

_____
Print or Type Name

_____
Address

_____
Email Address   Telephone Number

_____
Date   State Bar No. (if any)

</td></tr>
<tr><td>

Petitioner/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.

</td><td>

▶ _____
Petitioner/Joint Petitioner B

_____
Print or Type Name

_____
Address

_____
Email Address   Telephone Number

_____
Date   State Bar No. (if any)

</td></tr>
<tr><td>

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.

</td><td>

State of Wisconsin, Child Support Agency
☐ Approved
☐ Not Approved
☐ Not Required

▶ _____
Authorized Signature

_____
Name Printed or Typed

_____
Address

_____
Email Address   Telephone Number

_____
Date   State Bar No. (if any)

</td></tr>
<tr><td>

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.

</td><td>

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)

</td></tr>
<tr><td>

Check box if a lawyer mediator helped to complete this form.

</td><td>

☐ **This document was prepared with the assistance of a lawyer acting as mediator.**

</td></tr>
</table>

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

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