

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

This form is available in Spanish.
<https://www.wicourts.gov/forms1/circuit/index.htm>
Este formulario está disponible en español.

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
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.	Petitioner/Joint Petitioner A _____ Name (First, Middle and Last) _____ 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.	and
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) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.

Stipulation to Change

Legal Custody
 Physical Placement
 Child Support
 Maintenance
 Family Support
 Arrears Payment/Balances
 Other: _____

Case No. _____

FINDINGS/BASIS

In 1.A and B, complete the gross income (before taxes) for both parties.
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.
In 2, check all that apply in A-I. If I, enter the change in circumstance that has prompted you to make this agreement.

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

- Current Income and Other Information**
 - Petitioner/Joint Petitioner A Gross **monthly** income \$_____ Employer _____
 - Respondent/Joint Petitioner B Gross **monthly** income \$_____ Employer _____
 - Parties have _____ children subject to the child support standard.
 - 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 _____.
- This agreement is based on the following:
 - A child who was living with _____ is now living with _____.
 - 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.
 - One of the parties has or will be moving to a different residence.
 - There was not a placement schedule.
 - The availability or cost of health insurance has changed.
 - Employment or work shift of _____ both parties has changed.
 - Income or wages of _____ both parties has changed.
 - The party to whom maintenance is owed has remarried.
 - Other: _____

See attached

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

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 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 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.

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

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 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: _____.

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:
<input type="checkbox"/> 17% for one child.	<input type="checkbox"/> *split-placement formula.
<input type="checkbox"/> 25% for two children.	<input type="checkbox"/> *shared-placement formula.
<input type="checkbox"/> 29% for three children.	<input type="checkbox"/> **serial-family parent formula.
<input type="checkbox"/> 31% for four children.	<input type="checkbox"/> low-income payer formula.
<input type="checkbox"/> 34% for five or more children.	<input type="checkbox"/> 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 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.

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

C. **Family Support** (applies to existing family support orders only)

1) is **currently** \$ _____ ____% per _____ and paid by [Name] _____.

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.

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.

2) shall be **changed** to the following beginning [Date] _____, 20_____.
 a. \$0.
 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.
 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] _____.
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: _____

- 5) to require placement with [Name of Parent] _____ be supervised. unsupervised.

See attached

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

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

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] _____.

In a sole legal custody arrangement, the parent not granted sole legal custody shall file a medical history form with the court in compliance with Wis. Stat. § 767.41(7m).

3) Other: _____ See attached

4) **Additional changes** as follows:

See attached

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
- Not Required

▶ _____
Authorized Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

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.

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

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)

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.