

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 <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
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	City _____ State _____ Zip _____ Daytime phone number _____
Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file.	and Respondent/Joint Petitioner B _____ Name (First, Middle and Last) _____ Current Mailing Address
Mark if the State of WI is a party or not. If you are unsure, you may call your local Child Support Agency.	City _____ State _____ Zip _____ Daytime phone number _____ The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.

Order on Stipulation to Change

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

Case No. _____

THE COURT ADOPTS AS FINDINGS THE FACTS SET FORTH IN THE STIPULATION DATED _____.

**For Court Use Only.
To be used with
FA-604A.**

THE COURT FURTHER FINDS:

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

THE COURT ORDERS:

- A. The stipulation is **approved**.
 1. 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.
- B. The stipulation is **denied** because _____
- C. The court hearing scheduled for [Date] _____, 20____ is removed from the court's calendar.

If this order modified legal custody or physical placement in any way, you are informed that:

1. Each parent must notify the other parent, the child support agency, and the clerk of courts of the address at which they may be served within 10 business days of moving to that address. The address may be a street or post office address.
2. The address provided to the court is the address on which the other parties may rely for service of any motion relating to modification of legal custody or physical placement or to relocating the child's residence.
3. A parent granted periods of physical placement with the child must obtain a court order before

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Order to Change: Custody/Physical Placement/Support/Maintenance/Arrears Payment

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relocating with the child 100 miles or more from the other parent if the other parent also has court-ordered periods of physical placement with the child.

BY THE COURT:

For Court Use Only.

Circuit Court Judge/Circuit Court Commissioner

Title (Print or Type Name if not eSigned)

Date