

DO NOT write in this space above the heading

STATE OF WISCONSIN, CIRCUIT COURT

CHIPPEWA COUNTY

Petitioner / Joint-Petitioner A _____

**Stipulation
And Order
Amending Judgment**

Address: _____

**Enter the name and
address of each parent or
party in the case**

Respondent / Joint-Petitioner B _____

Address: _____

COURT CASE: **Court case # is required**
IV-D: _____

The parties agree that the judgment in this case should be changed as follows, and that the court may enter this stipulation as an order without further hearing. (If the space given is insufficient for any item, add attached sheets)

MODIFY PHYSICAL PLACEMENT:

Use this section to change: the physical residence / primary placement of the child(ren) from one parent to the other or change to a shared time type of arrangement for placement

Name(s) of child(ren): _____

- From primary physical placement with: (name) _____
To primary physical placement with: (name) _____
- From shared placement to primary physical placement with (name) _____
- From primary placement to shared placement _____ % time with (name) _____
_____ % time with (name) _____

From the current shared placement schedule to a new shared placement schedule as follows:

_____ % time with (name) _____
_____ % time with (name) _____

**Add attachment with other specified placement arrangements for holidays, weekends, summer, etc..
Use the total number of days with each parent during the year to determine the percentage**

See attached

MODIFY CURRENT FINANCIAL ORDER(S):

Current Child Support order information: Support paid by (name) _____

\$ _____ per **Enter the current child support order amount and frequency**

Modify Child Support as follows: Support paid by (name) _____

\$ _____ per Month Week Bi-Weekly Other _____

Other: _____
**Use this section to change: the child support payment amount.
Enter the amount and frequency of the new child support order**

See attached

Basis for change in child support:

- Percentage standard calculation
- Low-income payer calculation
- Serial-family payer calculation
- Shared-placement calculation
- Split-placement calculation
- See attached

If this order deviates from Wisconsin's percentage standards, you must give sufficient reasons why the use of the percentage standard is unfair to the child or the party and the basis of modification. Use the following space:

Mark the appropriate check box above or use the space to indicate the basis for the change in child support and how the new support amount was determined

Payments shall be made to the **Wisconsin Support Collections Trust Fund** by income assignment unless self-employed

(Name and address of employer) _____
Use this section to identify the payer's employer to ensure that the employer is notified of changes to wage garnishment

Note that if the child(ren) receive public assistance benefits, the Child Support Agency is required to enforce an order for child support and may not approve an agreement changing the child support order to zero

Stipulation and Order Amending Judgment

Court Case: _____

Other financial order changes: _____

See attached

If the child support amount is changing to \$0, the agency may require that this reinstatement provision section be completed

REINSTATEMENT PROVISION (applicable with orders suspending child support)

That upon written notice from either party or if the State of Wisconsin becomes an interested party, the child support order shall be reinstated at the previous rate of \$ _____ per _____.

STIPULATED CHANGES SHALL BEGIN ON: (date) _____

** **REQUIRED** * Enter the date changes are to begin
Please consider using the first day of the next month to allow time for the documents to be processed.*

Signature Petitioner/Joint Petitioner A

Signature Respondent/Joint Petitioner B

** **REQUIRED** * both parties must sign and date form*

Print or Type Name

Print or Type Name

Date

Date

Notary

Subscribed before me on: _____

Notary

Subscribed before me on: _____

** **REQUIRED** * both signatures must be notarized
Notaries are available at the agency*

Notary Public, State of Wisconsin, County of _____

Notary Public, State of Wisconsin, County of _____

My Commission expires: _____

My Commission expires: _____

***DO NOT** write in this section*

State of Wisconsin, Child Support Agency

- Approved
- Not Approved
- Not Required

Signature of Child Support Agency

Print or Type Name

*The Child Support Agency is required to review and approve the requested order changes.
If the document is not completed correctly or the changes do not conform to current child support requirements, the order will not be approved.*

Date

THE COURT ORDERS:

This stipulation is approved and the previous judgment or order is amended accordingly.
All other provisions of the previous judgment not amended by this order remain in full effect.