

FINANCIAL SUMMARY SHEET GUIDELINES

THE ATTACHED SHEET MUST BE COMPLETED WHEN SUBMITTING THE FINDINGS OF FACT, CONCLUSIONS OF LAW AND JUDGMENT.

THE FORM MUST BE COMPLETELY FILLED OUT WHEN SUBMITTING; WITH THE "N/A" IN ANY SPOTS WHERE THERE IS NOTHING APPLICABLE IN THIS CASE.

FOR EVERY ORDER FOR PAYMENTS TO BE MADE THROUGH THE WI SCTF THERE SHOULD BE THE FOLLOWING ON THE FINANCIAL SUMMARY SHEET:

- 1) AMOUNT OF ORDER
- 2) FREQUENCY ORDERED TO BE PAID
- 3) COMMENCEMENT DATE OF ORDER
- 4) IF A TOTAL AMOUNT TO BE PAID IS DETERMINED, THE TOTAL OR OTHERWISE CALLED MAXIMUM AMOUNT
- 5) WHETHER OR NOT TO ISSUE A WAGE ASSIGNMENT
- 6) IF APPROPRIATE, EMPLOYER INFORMATION TO IMPLEMENT A WAGE ASSIGNMENT

NOTE: PAYOR/PAYEE ADDRESSES WILL ONLY BE USED IF THERE ARE NONE OTHERWISE SUBMITTED. IF YOU WISH TO SUBMIT A NEW ADDRESS FOR YOUR CLIENT -- PLEASE MARK IT AS "NEW" AND IT WILL BE PICKED UP.

EX: CHILD SUPPORT ORDER OF \$15.00 PER WEEK STARTING 1/31/99
FOR CHILDREN (BENEFICIARIES OF CHILD SUPPORT ORDER)
JACK JONES DOB:4/4/92 SS:111-11-1111
AND SCOTT JONES DOB: 3/31/97 SS:222-22-2222

MAINTENANCE ORDER OF \$60.00 PER MONTH STARTING 6/30/99
GUARDIAN AD LITEM FEES TO BE PAID THROUGH THE COURTS,
\$25 PER WEEK STARTING 1/31/99
MEDICAL BILLS TO BE PAID DIRECTLY \$50 PER MONTH BETWEEN
PARTIES.

ARREARS IN CHILD SUPPORT SET AT \$500.00 ON 1/31/92 WITH ANY
INTEREST CARRIED FORWARD.

INSURANCE TO BE CARRIED BY PAYOR; OTHER MEDICAL BILLS TO BE PAID 50/50 BETWEEN PARTIES.

IT SHOULD LOOK SOMETHING LIKE THE BELOW ON THE FINANCIAL SUMMARY SHEET:

CHILD SUPPORT	\$15.00/WK	COMM 1/31/99
FOR CHILDREN:	SCOTT JONES	DOB:3/31/97 SS#:222-22-2222
	JACK JONES	DOB:4/4/92 SS#:111-11-1111
MAINTENANCE	\$60.00/MNTH	COMM 6/30/99
GAL FEES	\$25.00/WK	COMM 1/31/99
OTHER: MEDICAL BILLS PAYING DIRECTLY --	\$50.00/MNTH	
ARREARS BALANCE \$500.00 & INTEREST CARRIED FORWARD AS OF		1/31/99
INSURANCE: CARRIED BY PAYOR; OTHER BILLS 50/50.		

THE IMPLEMENTATION OF THIS FORM WILL SPEED UP THE PROCESSING OF CHILD SUPPORT. THE CIRCUIT COURT APPRECIATES YOUR ASSISTANCE IN THIS MATTER. PLEASE CALL THE KENOSHA CIRCUIT COURT OFFICE IF YOU HAVE QUESTIONS REGARDING FILLING OUT THIS FORM (414)653-2454.

FINANCIAL SUMMARY SHEET

COURT CASE NUMBER: _____ (ex: 99FA111)
 CASE NAME: _____ (ex: Jane Doe vs John Doe)

PAYOR'S NAME: _____ SS#: _____
 Please check here if address is new.

Mailing Address _____
 EMPLOYER NAME: _____
 EMPLOYER ADDRESS: _____ PHONE#: _____

PAYEE'S NAME: _____ SS#: _____
 Please check here if address is new.

Mailing Address _____

*****Wage Assignment Information: Issue/Reissue a New Wage Assignment? Yes or NO - please circle one.**

ORDER INFORMATION

For children listed below: _____

NAME: _____ DOB: _____ SS#: _____

NAME: _____ DOB: _____ SS#: _____

NAME: _____ DOB: _____ SS#: _____

If more, please continue on back of sheet.

Ordered Debt Type:	Amount	Frequency Ordered: (ie.wkly)	Commencement Date
Child Support	\$ _____	_____	_____
Arrears Balance	\$ _____	as of	Date _____
Maintenance	\$ _____	_____	_____
Arrears Balance	\$ _____	as of	Date _____
Family Support	\$ _____	_____	_____
Arrears Balance	\$ _____	as of	Date _____
Lying In Expenses:repayment	\$ _____	_____	_____
Total Amount Owed	\$ _____	_____	_____
Blood Tests:repayment	\$ _____	_____	_____
Total Amount Owed	\$ _____	_____	_____
Costs: Mediation	\$ _____	_____	_____
Total Amount Owed:	\$ _____	_____	_____

Costs: GAL \$ _____
Total Amount Owed: \$ _____
Costs: Custody Eval \$ _____
Total Amount Owed: \$ _____
Other Costs: _____ \$ _____

Insurance on children kept by: _____

Other medical costs paid : _____ by _____

Form prepared by: _____
Attorney for (circle one) RESPONDENT or PETITIONER

Form approved by: _____
Attorney for (circle one) RESPONDENT or PETITIONER

DATE JUDGMENT APPROVED BY JUDGE/FAMILY COURT COMMISSIONER: _____
(to be certified by Family Court Staff ONLY)