

In re the Marriage Paternity of _____:
(initials)

Arrears Order

Petitioner / Joint Petitioner

and _____

Case # _____

RESPONDENT

(Mark only one with an X)

STATE OF WISCONSIN is NOT a party

STATE OF WISCONSIN IS a party

I. Hearing:

1. Presiding Judge/Commissioner _____

2. Address
Kenosha County Courthouse
912 56th Street
Kenosha, WI 53140

3. Date of Hearing _____, 20____
(Month) (Day) (Year)

II. APPEARANCES:

1. Petitioner/Joint Petitioner did not appear OR appeared in person AND was
 self-represented OR represented by
Firm Name _____
Attorney's Name _____

2. Respondent/Joint Petitioner did not appear OR appeared in person AND was
 self-represented OR represented by
Firm Name _____
Attorney's Name _____

3. State of Wisconsin, by the Kenosha County Child Support Division _____
State Attorney's Name

4. Others Appearing at the Hearing:

III. FINDINGS and ORDER: The court makes the following **Findings** and **Orders**:

A. Direct Payments

The court **denies** the request to credit **Direct Payments** for the following reasons:

The court **approves** the request to credit **Direct Payments**. The arrears balances on the KIDS computer system shall be changed to give credit for the direct payments. The following arrears should be reduced by the amount of the direct payments: (Write the amount of the direct payment in the blank.)

Child support direct payment of \$ _____
Maintenance direct payment of \$ _____
Family support direct payment of \$ _____
Other direct payment \$ _____ (Specify type of payment) _____

B. Arrears Balances

The court **denies** the request to credit **Arrears Balances** for the following reasons:

The court **approves** the request to credit **Arrears Balances** for the following reasons:

The Arrears Balances shall be changed on the KIDS computer system as follows:

Child support arrears set to balance of \$ _____
Child support interest arrears set to balance of \$ _____
Maintenance arrears set to balance of \$ _____
Family support arrears set to balance of \$ _____
Other arrears set to balance of \$ _____
(Specify type of arrears) _____

All changes shall be effective as of _____, _____.

(Month) (Day) (Year)

This Order only affects arrears between the parties and does not affect arrears due to the State of Wisconsin.

C. Arrears Payments

The payer shall start paying the arrears beginning on _____, 20____
(Month) (Day) (Year)
in the monthly amount of \$ _____ by income assignment until further order of
the court.

(Employer's Name)

(Street Address)
_____, _____, _____
(City) (State) (ZIP Code)
(____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____)
(Phone Number) (Contact Person)

D. Other Findings and Orders:

E. ALL PAYMENTS SHALL BE MADE TO: WISCONSIN SUPPORT COLLECTIONS TRUST FUND (WI SCTF), Box 74200, Milwaukee, Wisconsin 53274-0200.

F. Both parties shall notify the Clerk of Courts and the Child Support Division, in writing, within 10 days of any change of address.

G. Payer shall notify the Clerk of Courts and the Child Support Division, in writing, within 10 days, of any change of employment and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file a motion to change this order.

H. If this matter was heard by a Court Commissioner, and you would like to request a new hearing, the Motion for De Novo Review must be filed with the Clerk of Court's Family Division within 15 days of the signing of this order.

FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT AND MAY RESULT IN A JAIL SENTENCE.

Dated: _____, _____, _____
(Month) (Day) (Year).

Family Court Commissioner/Circuit Judge