

PETITION, STIPULATION AND ORDER AMENDING JUDGMENT AFFECTING FAMILY FORM :  
FA604

When completing this form, please remember the following:

1. Use the Original Caption from the Divorce, Child Support, or Paternity Action --This information always stays the same. (Petitioner and Respondent & File Number)
2. Fill in the complete name and address for each party.
3. When completing the form be specific as to:
  - A. The date all orders are to Begin or End, including the appropriate parent's name.
  - B. When changing custody, be sure to state:
    1. Who is going to have custody
    2. Who is going to have primary physical placement
    3. Who is going to have secondary physical placement
  - C. When Changing Support:
    1. State the name of the party that shall pay or is paying support.
    2. If custody changed, include a statement describing what happens to the support order the other person was paying.
    3. If an adjustment to arrears is made, you must:
      - A. State amount of credit
      - B. State date credit is given
      - C. State what correct balance should be as of a specific date.
4. Section 1.d. is applicable if:
  - ◆ the amount to be paid is based on a change in the payer's income if the amount of child or family support is expressed in the order as a fixed sum and based on the percentage standard established by the department under s.49.22, and if the court order provides for an annual adjustment of the child support order. An adjustment under this section may not be made more than once in a year.
5. Except in rare circumstances as outlined below, child support orders under s.767.08 and s.767.25 Wis. Stats. must be expressed as a fixed sum amount. This new language took effect September 1, 2001. Child Support payments may be expressed as a percentage of parental income only if all of the following apply:
  - The state is not a real party in interest under 767.075(1) Wis. Stats., and
  - The parties have stipulated to expressing the support as a percentage of parental income and
  - The payer is not subject to a child support obligation under any other order or in any other action, and
  - All payments obligations included in the order (except Receipt and Disbursement fees) are expressed as a percentage of the payer's income.
6. When an adjustment to the arrearage and/or interest balances is requested, you must include the following information in Item #4:
  - ◆ State amount of credit
  - ◆ State date credit is given

◆ State what correct balance should be as of a specific date

7. A stipulation requires the signature of both parties. Make sure that both parties sign the Stipulation and Order Form. **The form will not be accepted without both parties signatures.**

**If you are stipulating to end the support order because you are reconciled, you must fill out the attachment page attached and return it with the form.**

**Do not sign this attachment page for any reason other than ending the current support order because you are now living together.**

8. If changing financial provisions in sections 1 or 2, provide the payer's employer(s) sources(s) of income assignment in order to change the wage assignment. Please be advised -- even though this document is filed with the court, any wage assignment will not stop until all debts are paid in full. However, the parties may both agree to an amount different than the current wage assignment.
9. **If this is a IVD case - please return the form to Kenosha Child Support Agency 8600 Sheridan Road, Kenosha, WI 53143. If this is not a IVD case - please return the form to Kenosha Family Division, 912- 56th Street Room 109, Kenosha, WI 53140-3747.**  
◆ **If you are not sure if your case is IVD or not - please contact either agency listed above to verify the IVD status so that you can send the form to the proper address.**
10. Please note that if the Child Support Agency has been involved in your case, it will review the form for any impact on the State of Wisconsin's interests.
11. Copies will be mailed to both parties after the Commissioner's review. A copy will be given to the child support fiscal office, if approved, for processing.

**THIS ATTACHMENT IS HEREBY INCORPORATED INTO THE  
STIPULATION AND ORDER TO AMEND JUDGEMENT**

In the event that this stipulation involves the suspension of a current child support order due to:

- A. Verification that the parties are residing together **or**
- B. The parties are **not** residing together but agree to the suspension of child support AND the Custodial Person/Child(ren) are not receiving Public Assistance from the State of Wisconsin (with the exception of Medical Assistance/Badger Care)

**The parties agree and the court hereby orders:**

THAT AT SUCH TIME AS THE PARTIES STOP RESIDING TOGETHER, OR THE CUSTODIAL PERSON/CHILD(REN) UNDER THIS ORDER IS/ARE RECIPIENT(S) OF THE STATE OF WISCONSIN PUBLIC ASSISTANCE, (WITH THE EXCEPTION OF MEDICAL ASSISTANCE/BADGER CARE), the child support order shall automatically re-commence without a further court hearing in the amount at which it existed at the time of the suspension, as follows:

***I. For Orders suspended due to parties previously residing together, who no longer do so:***

A: When the custodial person/child(ren) herein begin(s) receiving public assistance benefits (with the exception of Medical Assistance/Badger Care), the order shall be effective as of the first day of the month in which the public assistance benefits are disbursed.

OR

B: Upon written request for support from the custodial person sent to the Kenosha County Child Support Agency at 8600 Sheridan Road, Suite 301, Kenosha, WI 53143 (the order shall be effective as of the date the written request is received by the Child Support Agency from the custodial person).

***II. For Orders suspended due to parties' agreement and no public assistance other than Medical Assistance/Badger Care, where parties are not residing together, but additional public assistance is now open for the custodial person/child(ren) on the case:***

When the custodial person/child(ren) herein begin(s) receiving public assistance benefits (with the exception of Medical Assistance/Badger Care), the order shall be effective as of the first day of the month in which the public assistance benefits are disbursed.

The Child Support Agency shall send notice of the re-commencement of the order to both parents'/parties' last known addresses. The notice shall provide the date the order is effective, the dollar amount of the order and that either parent/party may object to the order by filing an objection within 10 days of the notice with the Family Court Commissioner, Kenosha County Courthouse, Room 109, 912-56<sup>th</sup> Street, Kenosha WI 53143.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**BY THE COURT:**

\_\_\_\_\_  
Circuit Court Judge / Family Court Commissioner

\_\_\_\_\_  
Date

IN RE:  MARRIAGE  PATERNITY OF

**Stipulation and Order to Amend Judgment for Support/Maintenance/Custody/Placement**

Petitioner/Joint Petitioner:

\_\_\_\_\_

and

Respondent/Joint Petitioner:

\_\_\_\_\_

Case No. \_\_\_\_\_

IV-D KIDS Case No. \_\_\_\_\_

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 additional sheets.)

1. (If changing child support, complete this section 1 a, b, c, and d and section 3 on page 2.)

a. Child support current information:

Current support  \$ \_\_\_\_\_  \_\_\_\_\_% of gross income per (frequency) \_\_\_\_\_.

Name of payer: \_\_\_\_\_.

Father's gross income is \$ \_\_\_\_\_ per (frequency) \_\_\_\_\_.

Mother's gross income is \$ \_\_\_\_\_ per (frequency) \_\_\_\_\_.

b. Child support shall be changed as follows:

Name of payer: \_\_\_\_\_

shall pay  \$ \_\_\_\_\_ per (frequency) \_\_\_\_\_

Other (specify): \_\_\_\_\_

commencing (date) \_\_\_\_\_.

c. This change in child support

1. is based on  percentage standard calculation  serial family payer calculation

shared placement calculation  split placement calculation

2. deviates from the guideline amount of \$ \_\_\_\_\_ because:  See \_\_\_\_\_ attached pages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. This  is  is not an "annual adjustment" under §767.33, Wisconsin Statutes.

2. (If changing maintenance/family support, complete this section and section 3 on page 2.)

Maintenance  Family support shall be changed as follows:

Name of payer: \_\_\_\_\_

shall pay  \$ \_\_\_\_\_ per (frequency) \_\_\_\_\_

Other (specify): \_\_\_\_\_

commencing (date) \_\_\_\_\_.

This  is  is not an "annual adjustment" under §767.33, Wisconsin Statutes.

3. **(Complete only if changing financial provisions in sections 1 or 2.)**

The payer's employer(s)/source(s) of income assignment is/are:

Name	Telephone Number
Address/City/State/Zip	
Name	Telephone Number
Address/City/State/Zip	

4. Additional financial provisions are as follows:  See \_\_\_\_ attached pages.

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5. **(Complete only if changing legal custody.)**

Legal custody of the following named child(ren) shall be changed as follows:  See \_\_\_\_ attached pages.

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6. **(Complete only if changing periods of physical placement.)**

Periods of physical placement of the following named child(ren) shall be changed as follows:

See \_\_\_\_ attached pages.

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7. Additional non-financial provisions including commencement date(s) are as follows:

See \_\_\_\_ attached pages.

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Signature of Mother	
Date	
Daytime Telephone Number (Including Area Code) (      )	
Address of Mother	

Signature of Father	
Date	
Daytime Telephone Number (Including Area Code) (      )	
Address of Father	

Signature of Attorney, if any	
Name of Attorney Printed or Typed	
Date	Telephone Number (      )

Signature of Attorney, if any	
Name of Attorney Printed or Typed	
Date	Telephone Number (      )

**Child Support Agency Action:**

- Approved
- Not approved because: \_\_\_\_\_
- Not required

\_\_\_\_\_  
Signature of Child Support Agency Representative

\_\_\_\_\_  
Date

**THE COURT ORDERS:**

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

**Distribution:**

1. Court Original
2. Child Support Agency (if necessary)
3. Family Court Commissioner
3. Petitioner/Petitioner's Attorney
4. Respondent/Respondent's Attorney

**BY THE COURT:**

\_\_\_\_\_  
Signature of Circuit Judge/Court Commissioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date