

**STIPULATION AND ORDER TO CHANGE CHILD SUPPORT, ARREARS,  
LEGAL CUSTODY AND/OR PHYSICAL PLACEMENT**

Enter the original docket number.

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

**Petitioner/Joint Petitioner:**

Enter the name, address and daytime phone number of the petitioner or joint petitioner from the original case file.

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**v.**

**Respondent/Joint Petitioner:**

Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Check if the OTCSA is a party or not. If you are unsure, you may call the Oneida Tribe Child Support Agency.

The Oneida Tribe Child Support Agency (OTCSA):

- is a party to this action.  
 is not a party to this action.

In 1A and 1B, complete the gross income (before taxes) for both parties. In C, enter the number of children subject to child support.

Findings/Basis: The parties agree that the requested changes are based on the following facts:

**1. Current Income and Other Information:**

- A. Mother: Gross monthly income \$ \_\_\_\_\_ Employer \_\_\_\_\_  
B. Father: Gross monthly income \$ \_\_\_\_\_ Employer \_\_\_\_\_  
C. Parties have \_\_\_\_\_ child(ren) subject to the child support standard.

In 2, check all that apply in A-G.

If G., enter the change in circumstances that has prompted you to make this agreement.

**2. Basis for Change:** This agreement is based on the following substantial change in circumstance(s) that have occurred since the entry of the prior court order in this case:

- A.  a child who was living with \_\_\_\_\_ is now living with \_\_\_\_\_.  
B.  a child is no longer eligible for child support because the child has reached age 18 or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.  
C.  one of the parties has or will be moving to a different residence.  
D.  there was not a placement schedule and the parties could not agree.  
E.  employment or work shift of \_\_\_\_\_ has changed or  both parties have changed.  
F.  income or wages of \_\_\_\_\_ has changed or  both parties have changed.  
G.  Other: \_\_\_\_\_  
\_\_\_\_\_

ONEIDA FAMILY COURT  
P O Box 19  
ONEIDA, WI 54155-0019

If you are modifying financial orders, check 1. Complete all sections you are changing in 1A-C. If you are changing child support, check 1A. In 1.A.1., enter the current child support order. In 1.A.2., check a. or b. and state the amount you are changing the child support to and the parent responsible for payments.

In 1.A.3., check the standard calculation that applies to the specifics of this case after considering the gross income of the parties, other payment obligations of the parties, and physical placement of the children.

In 2, check A. or B.

If B., check 1. or 2.

If 2., complete the payer's employer information.

If you are requesting changes to physical placement check A and enter the names of the children for whom you have agreed to changes. Check 1, 2, 3, or 4, enter the parents' names as requested and enter or attach the new placement schedule.

If making a change to terms of placement related to supervision, check 5 and complete all relevant information.

Agreements: The parties agree that the judgment or order in this case should be changed as follows, and that the Court may enter this stipulation as an order without a court hearing.

1.  Modify Current Financial Order(s)

A.  Child support:

1. That is currently  held open (\$0)  \$\_\_\_\_\_ or \_\_\_\_\_% per \_\_\_\_\_.  
The amount is paid by \_\_\_\_\_ to \_\_\_\_\_.

2. To the following as of the first day of the month of \_\_\_\_\_, 20\_\_:

a.  held open (\$0) because \_\_\_\_\_.

b.  suspended and will be reinstated by the child support agency upon written request of either party or a referral from an economic support agency.

c.  \$\_\_\_\_\_ per \_\_\_\_\_ and paid by: \_\_\_\_\_ to \_\_\_\_\_.

3. This new order for child support is based on Child Support Percentage of Income Standard:

17% for one child

split-placement formula

25% for two children

shared-placement formula

29% for three children

serial-family payer formula

31% for four children

low-income payer formula

34% for five or more children

high-income payer formula

Other: \_\_\_\_\_

B.  Arrears:

Child Support (CUSTA) \$\_\_\_\_\_ as of \_\_\_\_\_; Payable \$\_\_\_\_\_ per \_\_\_\_\_

Past Due Support \$\_\_\_\_\_ as of \_\_\_\_\_; Payable \$\_\_\_\_\_ per \_\_\_\_\_

C.  Child Support Arrears Balance:

\_\_\_\_\_ is forgiving arrears owed to her/him in the amount of \$\_\_\_\_\_.

(If arrears are being forgiven in full, the court can only expunge arrears owed to a party (not owed to the State) as of the date the expungement is processed by Oneida Tribe Child Support Agency.)

2. Payments shall be made:

A.  No payments are ordered.

B.  to the Wisconsin Support Collections Trust Fund (WI SCTF) at:

Box 74700

Milwaukee, WI 53274-0700

1.  directly from the payer to the WI SCTF (**only allowable if self-employed**)

2.  by income assignment form the payer's employer as indicated below:

Employer Name: \_\_\_\_\_

Address of payroll office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

C.  Other: \_\_\_\_\_.

3. Modify

A.  Physical Placement Order (time with children) for the following children: \_\_\_\_\_

1.  from primary physical placement with (Name of Parent) \_\_\_\_\_

to primary physical placement with (Name of Parent) \_\_\_\_\_

2.  from shared physical placement to primary physical placement with (Name of Parent): \_\_\_\_\_

3.  from primary physical placement to shared physical placement.

4.  from the current shared physical placement schedule (if any) to a new shared physical placement schedule. The new schedule for the changes in 1-4 above is as follows: \_\_\_\_\_

5.  to require physical placement with (Name of Parent) \_\_\_\_\_

be  supervised or  unsupervised.

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If other, check 6 and enter the specific information.

6.  Other: \_\_\_\_\_  
\_\_\_\_\_

If you are requesting changes to legal custody, check B and enter the names of the children for whom you have agreed to changes. Check 1, 2, or 3 and enter the requested information.

B.  Legal Custody (decision making) for the following children: \_\_\_\_\_  
\_\_\_\_\_

- 1.  to joint legal custody with both parents.
- 2.  to sole legal custody with (Name of Parent) \_\_\_\_\_
- 3.  Other: \_\_\_\_\_  
\_\_\_\_\_

If you are modifying anything else, check and complete 4.

4.  Additional changes as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Custodial Parent Signature

\_\_\_\_\_  
Non-Custodial Parent Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Subscribed and sworn to before me on:

Subscribed and sworn to before me on:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Notary Public, State of Wisconsin  
My commission (is permanent) \_\_\_\_\_  
or (expires) \_\_\_\_\_.

Notary Public, State of Wisconsin  
My commission (is permanent) \_\_\_\_\_  
or (expires) \_\_\_\_\_.

If either party is receiving public assistance or there is a case worker from OTCSA assigned to your case, you must take this agreement to OTCSA for their approval. If not, mark not required.

Child Support Agency

Approved

Not Approved

Not Required

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Date)

THE COURT ORDERS:

- 1. This stipulation is approved and 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. If a guardian ad litem has been appointed, the Court has confirmed that the guardian ad litem approves of the stipulation.
- 4. This order is effective the date signed by the Court unless the Oneida Tribe Child Support Agency objects within ten (10) days.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Return this form to:  
Oneida Family Court  
P O Box 19  
Oneida, WI 54155-0019  
(920) 496-7200

ONEIDA FAMILY COURT

By: \_\_\_\_\_  
Hon. Robert Collins, II