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| Enter the name of the county in which this case is filed.  *Escriba el nombre del condado en el cual se está presentando este caso.* | **STATE OF WISCONSIN, CIRCUIT COURT,**  ***ESTADO DE WISCONSIN, TRIBUNAL DE PRIMERA INSTANCIA***  **COUNTY**  ***CONDADO DE*** |  |
| Enter the name of the Petitioner.  If joint petitioners, enter the name of the Petitioner or Joint Petitioner A.  *Escriba el nombre de la Parte solicitante. Si la solicitud es conjunta, escriba el nombre de la parte solicitante o solicitante conjunta A.* | In RE: The marriage of  *Referente al matrimonio de:*  **Petitioner/Joint Petitioner A**  ***Parte Demandante/Solicitante Conjunta A***    Name (First, Middle and Last) *Nombre* (*Nombre, Segundo Nombre y Apellido*)  and / *y* |
| Marital Settlement  with Minor Children  *Disolución Matrimonial*  *Para personas con hijos menores de edad*  **Full Agreement**  ***Acuerdo Completo***  **Proposed by One Party**  ***Propuesto por una de las partes***  Case No.  *Causa no.* |
| Enter the name of the Respondent.  If joint petitioners, enter the name of the Respondent or Joint Petitioner B.  *Escriba el nombre de la Parte Demandada*  *Si la solicitud es conjunta, escriba el nombre de la parte demandada o solicitante conjunta B.* | **Respondent/Joint Petitioner B**  ***Parte Demandada/Solicitante Conjunta B***    Name (First, Middle and Last) *Nombre* (*Nombre, Segundo Nombre y Apellido*) |
| Check if parties are in full agreement or if one party will be completing the form.  *Indique si ambas partes están de acuerdo o si una de las partes llenará el formulario.* |
| Enter the case number.  *Escriba el número de caso.* |

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| This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations. This form must be completed in the English language.  *Este documento no sustituye el uso de un intérprete, ni los coloquios judiciales exigidos por la ley. Tampoco sustituye la responsabilidad del tribunal y los abogados de asegurarse de que las personas cuya comprensión del idioma inglés sea limitada entiendan por completo sus derechos y obligaciones.* *Este formulario debe llenarse en inglés.* | | | | | | | | | | |
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| **Warning:** Subject to court approval, the terms of this document will be included in your judgment of divorce or legal separation.  Be sure you understand it completely.  Some portions of this document cannot be changed after the court approves it, even if you did not understand or expect how it would affect you.  You may wish to speak with a lawyer before you sign this document to be sure you are fully aware of the laws that may apply to you.  ***Advertencia:*** *Sujeto a aprobación del tribunal, los términos de este documento se pueden incluir en su sentencia de divorcio o separación legal. Asegúrese de entenderla por completo. Algunas partes de este documento no se pueden cambiar después de que el juez las apruebe, aunque no haya entendido o esperado que lo afecte de una forma determinada. Quizá desee hablar con un abogado antes de firmar este documento para asegurarse de que es plenamente consciente de las leyes que podrían regir para usted.* | | | | | | | | | | |
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|  | **THIS DOCUMENT IS A: / *Este documento es un(a)*** | | | | | | | | | |
| Check if parties are in full agreement.  *Indique si ambas partes están completamente de acuerdo.* |  | **Full Agreement:** Both parties agree to the terms of this document, both have signed this document, and both are requesting the court sign and adopt this document as final orders in this case. | | | | | | | | |
|  | ***Acuerdo Completo****: ambas partes están de acuerdo con los términos de este documento, ambas han firmado este documento y ambas solicitan al tribunal que firme y adopte este documento como orden final en este caso.* | | | | | | | | |
| Check if only one spouse is signing. |  | **Proposal by One Party:** [Name]      is requesting the court adopt this document as final orders in this case. | | | | | | | | |
| *Indique si solo uno de los cónyuges está firmando el documento.* |  | ***Propuesta de una de las partes:*** *[Nombre] solicita al tribunal que adopte este documento como orden final en este caso.* | | | | | | | | |
| In A, check 1 or 2.  *En A, marque 1 ó 2.* | A. | 1. **MARITAL RELATIONSHIP**   ***RELACIÓN MATRIMONIAL*** | | | | | | | | |
| If 2, enter reason you are asking for a legal separation and not a divorce.  *Si marcó 2, escriba la razón por la cual pide una separación legal y no un divorcio.* |  | 1. | **Divorce.** This marriage is irretrievably broken.  ***Divorcio.*** *Existe una ruptura irremediable en este matrimonio.* | | | | | | | |
|  | 2. | **Legal Separation.** This marriage is broken and the reason for a legal separation is       .  ***Separación legal.*** *Existe una ruptura en este matrimonio y la razón para la separación legal es* | | | | | | | |
|  | B. | **MAINTENANCE** (Spousal Support)  ***MANTENIMIENTO*** *(Pensión alimenticia para excónyuge)* | | | | | | | | |
|  |  | 1. | **Petitioner/Joint Petitioner A: / *Parte Demandante/Solicitante Conjunta A:*** | | | | | | | |
| In B.1, check a, b, or c.  *En B.1, marque a, b, o c.* |  |  | a. | | permanently gives up the right to receive maintenance and understands that by giving up maintenance at this time, may never ask for maintenance.  *renuncia permanentemente al derecho a recibir mantenimiento y entiende que al renunciar al mantenimiento en este momento, nunca puede solicitar mantenimiento.* | | | | | |
| If b, enter a date and choose 1 or 2.  *Si marcó b, escriba una fecha y seleccione 1 ó 2.* |  |  | b. | | is not requesting maintenance at this time, but leaves open the right to request it until       . The right to request maintenance is limited to  *no solicita mantenimiento en este momento, pero no renuncia a su derecho a solicitarla hasta* *[ - ].* *El derecho de solicitar mantenimiento se limita a* | | | | | |
| If 1, enter the reasons.  *Si marcó 1, escriba las razones.* |  |  |  | | 1) | | the following circumstance(s) only:  *solamente bajo las siguientes circunstancias:* | | | |
|  |  |  | | 2) | | any appropriate substantial change in circumstance.  *Cualquier cambio sustancial apropiado en la circunstancia.* | | | |
| If c, enter the maintenance amount and the date the payments should begin and end.  *Si marcó c, escriba el monto del mantenimiento y la fecha en que deberán comenzar y terminar los pagos.* |  |  | c. | | Respondent/Joint Petitioner B shall pay maintenance to Petitioner/Joint Petitioner A in the amount of $      per month beginning       , 20     . Maintenance shall end       , 20     , or until Petitioner/Joint Petitioner A remarries, dies, or by court order, whichever comes first.  *La Parte Demandada/Solicitante Conjunta B deberá pagar mantenimiento a la Parte Demandante/Solicitante Conjunta A por una suma de $ [ - ] por mes, a partir [ - ]. El mantenimiento deberá terminar* *[ - ]* *o hasta que la Parte Demandante/Solicitante Conjunta A se vuelva a casar o se muera o por orden del tribunal, lo que pase primero.* | | | | | |
| In 2, check a, b, or c.  *En 2, marque a, b, o c.* |  | 2. | **Respondent/Joint Petitioner B: / *Parte Demandada/Solicitante Conjunta B:*** | | | | | | | |
|  |  | a. | | permanently gives up the right to receive maintenance and understands that by giving up maintenance at this time, may never ask for maintenance.  *renuncia permanentemente al derecho a recibir mantenimiento y entiende que al renunciar al mantenimiento en este momento, nunca puede solicitar mantenimiento.* | | | | | |
| If b, enter a date and choose 1 or 2.  *Si marcó b, escriba una fecha y seleccione 1 ó 2.* |  |  | b. | | is not requesting maintenance at this time, but leaves open the right to request it until       . The right to request maintenance is limited to  *no solicita mantenimiento en este momento, pero no renuncia a su derecho a solicitarla hasta* *[ - ].* *El derecho de solicitar mantenimiento se limita a* | | | | | |
| If 1, enter the reasons.  *Si marcó 1, escriba las razones.* |  |  |  | | 1) | | the following circumstance(s) only:  *solamente bajo las siguientes circunstancias:* | | | |
|  |  |  |  | | 2) | | any appropriate substantial change in circumstance.  *Cualquier cambio sustancial apropiado en la circunstancia.* | | | |
| If c, enter the maintenance amount and the date the payments should begin and end.  *Si marcó c, escriba el monto del mantenimiento y la fecha en que deberán comenzar y terminar los pagos.* |  |  | c. | | Petitioner/Joint Petitioner A shall pay maintenance to Respondent/Joint Petitioner B in the amount of $      per month beginning      , 20     . Maintenance shall end       , 20     , or until the Respondent/Joint Petitioner B remarries, dies, or by court order, whichever comes first.  *La Parte Demandante/Solicitante Conjunta A deberá pagar mantenimiento a la Parte Demandada/Solicitante Conjunta B por una suma de $ [ - ] por mes, a partir [ - ]. El mantenimiento deberá terminar [ - ] o hasta que la Parte Demandada/Solicitante Conjunta B se vuelva a casar o se muera o por orden del tribunal, lo que pase primero.* | | | | | |
| In 3, check a or b.  *En 3, marque a o b.* |  | 3. | **Payments** **shall be made**  ***Los pagos deberán hacerse*** | | | | | | | |
|  |  |  | a. | | no payments are ordered.  *no se ordena ningún pago* | | | | | |
| If b, check 1 or 2. If 2, enter employer information.  *Si marcó b, marque 1 ó 2. Si marcó 2, escriba la información del empleador.* |  |  | b. | | to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200  *a nombre del fondo Wisconsin Support Collections Trust Fund a Box 74200 (WI SCTF)* Milwaukee, Wisconsin 53274-0200 | | | | | |
|  |  |  |  | | 1) | directly from the payer to WI SCTF **(only allowable if self-employed)**.  *directamente de la parte pagadora al WI SCTF (****solamente si es trabajador autónomo****)* | | | | |
|  |  |  |  | | 2) | by income assignment from the payer’s employer as indicated below:  *mediante embargo de salario del empleador de la parte pagadora, como se indica a continuación:* | | | | |
|  |  |  |  | |  | Employer name  *Nombre del empleador* | | | | |
|  |  |  |  | |  | Address of payroll office  *Dirección de la oficina de nómina* | | | | |
|  |  |  |  | |  | City       State       Zip  *Ciudad Estado Código Postal* | | | | |
|  |  |  |  | |  | Phone       Fax  *Teléfono* | | | | |
| **Note:** An arrearage is an amount ordered that has not been paid and is overdue.  ***NOTA****: El monto atrasado es un importe que se ha ordenado pagar y está vencido.* |  | 1. 4. | **Arrearages for Previously Ordered Maintenance.**  ***Montos atrasados por mantenimiento ordenado previamente.*** | | | | | | | |
|  |  | The parties agree to handle the maintenance arrears as follows:  *Las partes acuerdan manejar el monto atrasado del siguiente modo:* | | | | | | | |
|  |  | a. | | No maintenance was previously ordered. There is no amount due.  *No se ordenó ningún mantenimiento previamente. No se adeuda ningún monto.* | | | | | |
|  |  |  | b. | | The party has paid all maintenance as ordered. There is no amount due.  *La parte pagó todo el mantenimiento según lo ordenado. No se adeuda ningún monto.* | | | | | |
| In 4, check a, b, c, d, e or f.  If d, enter the monthly payment amount, date payments begin and the interest rate percentage for arrearages.  *En 4, marque a, b, c, d, e o f. Si marcó d, escriba el monto del pago mensual, la fecha en que van a comenzar los pagos y el porcentaje de la tasa de interés por los montos atrasados.* |  |  | c. | | If there are any arrearages for maintenance now or at the time of the final hearing, those arrearages are waived and the court financial records shall be set at zero.  *Si hay algún monto atrasado de mantenimiento ahora o en el momento de la audiencia final, se renuncia a dicho monto y el saldo financiero en el tribunal debe quedar en cero.* | | | | | |
|  |  | d. | | As currently reflected in the WI SCTF KIDS computer system and shall be paid through monthly income withholding by the WI SCTF in the amount of $      beginning       , 20      . The arrears balance shall earn interest at the rate of      % per year until the arrearages are paid in full.  *Como se refleja actualmente en el sistema computarizado de WI SCTF KIDS y se deberá pagar por medio de retenciones mensuales del sueldo hechos por el WI SCTF por un monto de $ [ - ] a partir de [ - ].* *El saldo atrasado devengará intereses a una tasa del [ - ] % por año hasta que se haya pagado por completo.* | | | | | |
| If e, enter the amount of the arrears balance and check 1 or 2. If 1, enter the date of the one-time payment. If 2, enter the monthly payment amount, the date payments begin and the interest rate percentage for arrearages.  *Si marcó e, escriba el monto del monto atrasado y marque 1 ó 2, Si marcó 1, escriba la fecha del pago único. Si marcó 2, escriba el monto del pago mensual, la fecha en que van a comenzar los pagos y el porcentaje de la tasa de interés por los montos atrasados.* |  |  | e. | | The arrears shall be set at $       and paid through  *El monto atrasado se fijará en $ [ - ] y pagado por medio de* | | | | | |
|  |  |  | | 1) | | a one-time payment to the WI SCTF made by [date]       , 20     .  *un pago único al WI SCTF efectuado antes del [Fecha]* | | | |
|  |  |  | | 2) | | monthly income withholding by the WI SCTF in the amount of $      beginning       , 20     . The arrears balance shall earn interest at the rate of      % per year until the arrearages are paid in full.  *retenciones mensuales del sueldo hechas por el WI SCTF por un monto de $ [ - ] a partir de [ - ].* *El saldo atrasado devengará intereses a una tasa del [ - ] % por año hasta que se haya pagado por completo.* | | | |
|  |  | f. | | Shall be determined by the court at the time of the final hearing.  *Deberá ser calculado por el tribunal durante la audiencia final.* | | | | | |
| C. | **MEDICAL INSURANCE / *SEGURO MÉDICO***  No later than the date of the final hearing, each party shall notify the other party in writing of the availability of COBRA or other continuation benefits under their current health care policy.  *Cada parte deberá notificarle a la otra, por escrito, a más tardar el día de la audiencia final, sobre la disponibilidad del plan COBRA u otro plan de continuación de beneficios bajo su póliza actual de seguro de salud.* | | | | | | | | |
| **Note:** There are two types of property. “Real estate” includes such things as homes and land. “Personal property” includes all other things such as vehicles, clothing and other personal items, furniture, bank accounts, and retirement or investment accounts.  ***NOTA:*** *Existen dos tipos de propiedades. Los “bienes raíces” incluyen cosas como la vivienda y la tierra; los “bienes personales” incluyen todas las demás cosas como vehículos, vestimenta y otros artículos personales, muebles, cuentas bancarias y cuentas de inversión o de jubilación.* | D. | **PERSONAL PROPERTY DIVISION / *SEPARACIÓN DE BIENES PERSONALES*** | | | | | | | | |
|  | 1. | **Division.** / ***División*** | | | | | | | |
|  | **List the property and check who**  **will have permanent use of the property once the divorce/legal separation is final.**  ***Enumere la propiedad y marque el recuadro que corresponda a quién* *va a tener uso permanente de la propiedad cuando el divorcio/la separación legal sea final.*** | | | | | | **Who will have possession?**  **¿Quién va a tener posesión?**  **A = Petitioner/Joint Petitioner A**  **A = *Parte Demandante/Solicitante Conjunta A***  **B = Respondent/Joint Petitioner B**  ***B = Parte Demananda/Solicitante Conjunta B*** | | |
|  | **Household Items / *Artículos domésticos*** | | | | | | | **A** | **B** |
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| If more space is necessary, mark the box and attach additional sheets.  *Si necesita más espacio, marque el recuadro y adjunte hojas adicionales.* |  | **Automobile / *AUTOMÓVILES***  Year, Make, Model / *Año, marca, modelo* | | | | | | | **A** | **B** |
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| **Note:** Any and all assets disclosed on the parties’ Financial Disclosure Statements should be included here and divided between the parties.  ***NOTA****: Se debe incluir aquí todo bien divulgado en las Declaraciones de Divulgación Financiera de las partes y deben ser divididos entre las partes.* |  |  | | | | | | |  |  |
|  | **Life Insurance / *Seguro de vida***  Name of Company & Policy # / *Nombre de la compañía y N° de póliza* | | | | | | | **A** | **B** |
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| **Note:** If you have already divided the property, you must still disclose how you divided it.  ***NOTA:*** *Si ya dividió las propiedades, igualmente debe indicarlo.* |  | **Business Interests / *Intereses empresariales***  Name of Business & Address / *Nombre y dirección de la empresa* | | | | | | | **A** | **B** |
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| If the parties have disposed of an asset from the time the Financial Disclosure was done, to the final hearing, please indicate what was disposed and what happened to it.  *Si las partes se han deshecho de un activo desde el momento en que se hizo la Divulgación Financiera, en la audiencia final, sírvase indicar qué se desechó y qué pasó con eso.* |  | **Securities: Stocks, Bonds, Mutual Funds, Commodity Accounts**  ***Instrumentos bursátiles: acciones, valores, fondos mutuos, cuentas de activos***  Name of Company & # of shares  *Nombre de la compañía y cantidad de acciones* | | | | | | | **A** | **B** |
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|  | **Pension, Retirement Accounts,  Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc.**  ***Pensión, cuentas de jubilación, remuneración diferida, planes 401K, IRAs (arreglos individuales de jubilación), participación en beneficios, etc.*** Name of Company & Type of Plan / Nombre de la compañía y tipo de plan | | | | | | | **A** | **B** |
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|  | **Cash and Deposit (Savings & Checking) Accounts****Cuentas de dinero en efectivo y de depósitos (caja de ahorro y cuenta corriente)** Name of Bank or Financial Institution  *Nombre del banco o de la institución financiera* | | | | | | | **A** | **B** |
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|  | **Other Personal Property / Otro bien mueble**Description of Asset / Descripción del bien | | | | | | | **A** | **B** |
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|  |  | **See attached / *Vea el anexo*** | | | | | | | | |
| Indicate when and how any exchange of property will take place.  *Indique cuándo y cómo se va a llevar a cabo cualquier intercambio de propiedad.* |  | 2. | **Exchange.** The following items still need to be exchanged between the parties**:**  ***Intercambio.*** *Todavía deben intercambiarse entre las partes los siguientes artículos:* | | | | | | | |
|  |  | a. | **None.** All personal property has already been exchanged to the satisfaction of both parties.  ***Ninguno.*** *Todos los bienes personales ya se han intercambiado a satisfacción de ambas partes.* | | | | | | |
|  |  | b. | **List of items:**  ***Lista de artículos:***  The exchange of personal property shall be made by [date]       , 20      according to the following arrangements:  *El intercambio de bienes personales deberá efectuarse antes del [Fecha]*,  *de acuerdo con los siguientes arreglos****:***  Any item of personal property not listed above shall be awarded to the party who has possession at the time of the final hearing.  *Cualquier artículo de bienes personales que no esté enumerado arriba se le concederá a la parte que tenga la posesión en el momento de la audiencia final.* | | | | | | |

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| In F, check 1 or 2.  *En F, marque 1 ó 2.* | E. | **DIVISION OF REAL ESTATE / *SEPARACIÓN DE bienes raíces*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | Neither party owns any real estate at this time.  *Ninguna de las partes es propietaria de* *bienes raíces en este momento.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, and the parties own a primary residence, check a.  If a, enter the address and Parcel Identification Number (found on your real estate tax bill).  *Si marcó 2, y si las partes son propietarias de una residencia primaria, marque a. Si marcó a, escriba la dirección y Número de Identificación de Parcela, que se encuentra en su cuenta de impuestos a la propiedad.* |  | 2. | | One or both parties own real estate at this time.  *Una o ambas partes son propietarias de bienes raíces en este momento.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | | **Primary Residence.** The parties own a primary residence located at:  ***Residencia Primaria.*** *Las partes son propietarias de una residencia primaria que se encuentra en:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | Address  *Dirección*  City       State       Zip  *Ciudad Estado Código Postal*  Parcel Identification Number (Tax Key Number)  *Número de identificación de parcela (número clave para impuestos)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attach a copy of the legal description.**  ***Adjunte una copia de la descripción legal.*** |  |  | |  | | | **Attached is a legal description of this property.**  ***Se adjunta una descripción legal de esta propiedad.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 1) | | | | | | | | This primary residence shall be awarded to the  *La residencia primaria le será concedida a la* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check 1 or 2.  *Marque 1 ó 2.* |  |  | |  | | |  | | | | | | | | A. | | | | | | Petitioner/Joint Petitioner A  *Parte Demandante/Solicitante Conjunta A* | | | | | | | | | | | | | | | | | | | | | | | |
| If 1, check A or B and enter other provisions, if any.  *Si marcó 1, marque A o B y escriba otras disposiciones si las hubiere.* |  |  | |  | | |  | | | | | | | | B. | | | | | | Respondent/Joint Petitioner B  *Parte Demandada/Solicitante Conjunta B* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | | and that party shall be responsible for outstanding financial obligations, and the other party shall be held harmless from any liability. Other provisions including refinancing requirements, if any:  *siendo esa parte responsable de cualquier obligación financiera a pagar y la otra parte quedará exenta de toda responsabilidad. Otras disposiciones incluidos los requisitos de refinanciación, de existir:*  **See attached / *Vea el anexo*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, check 1, 2, 3, or 4 in A, B, and C for the responsibility for other expenditures that occur while the property is being sold.  *Si marcó 2, marque 1, 2, 3, ó 4 en A, B, y C por la responsabilidad por otros gastos que ocurran mientras los bienes se están vendiendo.* |  |  | |  | | | 2) | | | | | | | | This residence shall be placed on the market for sale.  *La residencia se pondrá a la venta.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | | A. | | | | Pending sale, the residence shall be occupied, used, or managed by  *Hasta la venta, la residencia será ocupada, usada o manejada por* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 1. | | | | Petitioner/Joint Petitioner A.  *Parte Demandante/Solicitante Conjunta A.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 2. | | | | Respondent/Joint Petitioner B.  *Parte Demandada/Solicitante Conjunta B.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 3. | | | | shared equally. / *compartido por partes iguales.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 4. | | | | Other *Otro:*: | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | | B. | | | | Pending sale, the mortgage, taxes, and insurance shall be paid by  *Hasta la venta, la hipoteca, los impuestos y el seguro serán pagados por* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 1. | | | | Petitioner/Joint Petitioner A.  *Parte Demandante/Solicitante Conjunta A.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 2. | | | | Respondent/Joint Petitioner B.  *Parte Demandada/Solicitante Conjunta B.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 3. | | | | shared equally. / *compartido por partes iguales.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 4. | | | | Other: *Otro:* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | | C. | | | | Pending sale, any necessary repairs, special assessments and other sale-related expenses shall be paid by  *Hasta la venta, toda reparación necesaria, cargo especial y otros gastos relacionados con la venta serán pagados por* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 1. | | | | Petitioner/Joint Petitioner A.  *Parte Demandante/Solicitante Conjunta A.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 2. | | | | Respondent/Joint Petitioner B.  *Parte Demandada/Solicitante Conjunta B.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 3. | | | | shared equally. / *compartido por partes iguales.* | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | 4. | | | | Other: *Otro:* | | | | | | | | | | | | | | | | | | | | | |
| Enter the percentage each party shall receive in a and b. The total amount must equal 100 %.  *Escriba el porcentaje que recibirá cada parte en a y b. El monto total debe sumar el 100%.* |  |  | |  | | |  | | | | | | | | The money from the sale of this residence shall be used to pay the usual costs of a sale and prorations, and any balance on the existing mortgage. Upon payment of all costs, the proceeds left from the sale shall be divided between the parties as follows:  *El dinero de la venta de esta residencia deberá usarse para pagar los costos usuales de una venta y prorrateos y cualquier saldo en la hipoteca existente. Una vez pagados todos los costos, el dinero que quede de la venta deberá ser dividido entre las partes de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | | | | | | a) | | | Petitioner/Joint Petitioner A to receive       %.  *Parte Demandante/Solicitante Conjunta A deberá recibir el [ - ] %* | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | | | |  | | | | | | | | | b) | | | Respondent/Joint Petitioner B to receive       %.  *Parte Demandada/Solicitante Conjunta B deberá recibir el [ - ] %* | | | | | | | | | | | | | | | | | |
| If the parties own other real estate (including any timeshare interests), check b, complete the attached Schedule A found at the end of this document.  *Si las partes son propietarias de otros inmuebles (incluyendo cualquier vivienda de tiempo compartido /multipropiedad), marque b, complete el Anexo A adjunto que se encuentra al final de este documento.* |  |  | | b. | | | **Other Real Estate**. One or both of the parties own additional real estate, including any timeshare interests, which is disclosed and divided as set forth in the attached **Schedule A**.  ***Otros bienes raíces.*** *Una de las partes o ambas son propietarias de bienes raíces adicionales, incluyendo cualquier vivienda de tiempo compartido/multipropriedad, que se divulgan y se dividen de acuerdo con lo establecido en* ***el Anexo A.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Transfer of Title.** This document alone will not transfer title to one party or the other, but such a transfer requires a fully executed **Quit Claim Deed** and a **Wisconsin Real Estate Transfer Return** signed by the parties. The party awarded a parcel of real estate shall be responsible for having the necessary documents prepared.  ***Transferencia del título****. Este documento por sí solo no transferirá la titularidad a una u otra parte, sino que dicha transferencia requiere una* ***Escritura de Reivindicación (Quit Claim Deed)*** *totalmente ejecutada y una* ***Declaración de Transferencia de Bienes Inmuebles de Wisconsin*** *firmada por las partes. La parte a la que se adjudique una parcela de bienes inmuebles será responsable de que se preparen los documentos necesarios.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | F. | **DEBTS AND LIABILITIES / *DEUDAS Y OBLIGACIONES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The following is a listing of **ALL** the debts and liabilities that we presently owed both individually and as a couple. The party responsible for the payment of each debt should be as follows:  *La siguiente es una lista de* ***TODAS*** *las deudas y pasivos que adeudamos actualmente a nivel personal y como pareja. La parte responsable del pago de cada deuda es la siguiente:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Payment for**  ***Pago para*** | | | | | | | | | **Payment to**  **(Creditor)**  ***Pagadero al***  ***(Acreedor)*** | | | | | | | | | | | | | | | | | | | | | **Balance**  **Due**  ***Saldo Adeudado*** | | | **Paid by**  **Petitioner/**  **Joint Petitioner A**  ***Pagado por***  ***la Parte Demandante/***  ***Solicitante***  ***Conjunta A*** | | | | **Paid by**  **Respondent/**  **Joint Petitioner B**  ***Pagado por***  ***la Parte Demandada/***  ***Solicitante***  ***Conjunta B*** | | | | | **Shared equally**  *Compartido por igual* |
| In F, for each debt owed individually and jointly, write the name, current balance, and check who will be responsible for payment.  **Note:** Any and all debts disclosed on the parties’ Financial Disclosure Statements that are still unpaid should be included here and divided between the parties. Any new debts incurred should also be listed and divided.  *En F,**para cada deuda individual o compartida, escriba el nombre, el saldo actual y marque quién va a ser responsable del pago.*  ***NOTA:*** *Todas las deudas informadas de las partes en las declaraciones de información financiera que todavía están impagas deben incluirse aquí y dividirse entre las partes. También deben enumerarse y dividirse las deudas nuevas contraídas.* |  | Mortgage/Rent  *Hipoteca/Alquiler* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Mortgage/Rent  *Hipoteca/Alquiler* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Car 1  *Automóvil 1* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Car 2  *Automóvil 2* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Car 3  *Automóvil 3* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Loans-Student  *Préstamos-estudiantiles* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Loans-Personal  *Préstamos- personales* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Loans-Other  *Préstamos-Otros* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Credit Card 1  *Tarjeta de crédito 1* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Credit Card 2  *Tarjeta de crédito 2* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Credit Card 3  *Tarjeta de crédito 3* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Credit Card 4  *Tarjeta de crédito 4* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Other / *Otras* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  | Other / *Otras* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
| If more space is necessary, attach additional sheets.  *Si necesita más espacio, adjunte hojas adicionales.* |  | Other / *Otras* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | |  | | | | |  |
|  |  |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | **See attached**  ***Vea el anexo*** | | | | | |
|  |  | **I understand: / *Entiendo que:***   * Each party assigned a debt shall be fully responsible for that obligation and shall not make any demands upon the other party concerning that debt.   *Cada parte a la que se le asigna una deuda deberá ser totalmente responsable de esa obligación y no deberá exigirle nada a la otra parte con respecto a esa deuda.*   * Any debt not listed shall be the responsibility of the party who incurred the debt.   *Toda deuda no enumerada deberá ser responsabilidad de la parte que incurrió en ella, y esa parte no deberá exigirle nada a la otra parte con respecto a esa deuda.*   * Creditors are NOT bound by this agreement and both parties remain liable to creditors for all marital debts.   *Los acreedores NO están obligados por este acuerdo, permaneciendo, ambas partes, responsable ante los acreedores por todas las deudas matrimoniales*   * Any party who suffers a loss because of a failure of the other party to pay an assigned debt may enforce that obligation by a motion or an order to show cause for contempt of court.   *Toda parte que sufra una pérdida debido a que la otra parte no pague una deuda asignada podrá hacer cumplir esa obligación mediante una petición por desacato al tribunal.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | |  | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| In G, check 1 or 2.  *En G, marque 1 ó 2.* | G. | **EQUALIZATION OF MARITAL PROPERTY DIVISION**  ***IGUALACIÓN DE DIVISIÓN DE BIENES MATRIMONIALES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 1, check a or b.  *Si marcó 1, marque a o b.* |  | 1. | | No payment is required to be made to equalize the marital property division because  *No se requiere ningún pago para igualar la división de bienes matrimoniales porque* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | | the property and debt division are equalized to the satisfaction of the parties.  *la división de bienes y deuda están igualados a satisfacción de las partes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | | equalization has been accomplished through a division of real estate sale proceeds.  *la igualación se ha logrado por medio de una división de ganancias de la venta de bienes raíces.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, enter the amount. In a, check 1 or 2.  *Si marcó 2, escriba el monto. En a, marque 1 ó 2.* |  | 2. | | A payment of $      is required to equalize the marital property division.  *Se requiere un pago de $ [ - ] para igualar la división de bienes matrimoniales.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | | This payment shall be made by the  *Este pago deberá hacerlo* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 1) | | | | | | Petitioner/Joint Petitioner A to Respondent/Joint Petitioner B.  *Parte demandante/Solicitante Conjunta A a Parte Demandada/Solicitante Conjunta B.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 2) | | | | | | Respondent/Joint Petitioner B to Petitioner/Joint Petitioner A.  *Parte Demandada/Solicitante Conjunta B a Parte Demandante/Solicitante Conjunta A.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In b, check 1, 2 or 3. If 2, enter the date [month, day, year].  If 3, enter the amount and date.  *En b, marque 1, 2, ó 3. Si marcó 2, escriba la fecha [mes, día, año].*  *Si marcó 3, escriba el monto y la fecha.* |  |  | | b. | | | This payment / *Este pago* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 1) | | | | | | was made. / *se hizo*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 2) | | | | | | shall be made in a lump sum payment no later than [Date]       , 20     .  *deberá hacerse en un pago único por el total a más tardar el [fecha]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 3) | | | | | | shall be paid in the amount of $      per month beginning       , 20     , until paid in full.  *se deberá pagar a razón de $ [ - ] por mes a partir [ - ] hasta que esté pagado totalmente.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In c, enter the percentage and check 1 or 2.  *En c, escriba el porcentaje y marque 1 ó 2.* |  |  | | c. | | | The amount shall earn interest until paid in full at the rate of      % per year from the date  *El monto deberá devengar intereses hasta que esté pagado totalmente a una tasa del [ - ] % por año desde la fecha* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 1) | | | | | | of the final hearing. / *de la audiencia final.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | 2) | | | | | | the payment was due. / *del vencimiento del pago.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | H. | **TAXES / *IMPUESTOS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | **Year of Divorce/Legal Separation.**  ***Año de divorcio/separación legal.***   * The parties shall file their income tax returns for the year of the divorce/legal separation consistent with the rules of the IRS, Wisconsin Department of Revenue, and Wisconsin’s Marital Property law.   *Las partes harán sus declaraciones de impuestos sobre los ingresos para el año del divorcio / de la separación legal según las reglas del Servicio de Rentas Internas, del Departamento de Rentas de Wisconsin y de la ley de Propiedad Matrimonial de Wisconsin.*   * The parties understand that their marital status on the last day of the year determines their filing status for that year, whether married or single.   *Las partes entienden que su estado civil en el último día del año determina cómo declaran sus impuestos para ese año, ya sean casados o solteros.*   * The parties acknowledge that each are responsible for seeking tax advice from a tax professional with regard to issues of this divorce/legal separation.   *Las partes reconocen que cada una es responsable de pedir asesoría en cuanto a los impuestos a un profesional en impuestos, con respecto a los temas del divorcio / de la separación legal.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 2, check a or b.  If b, check 1 or 2.  If 2, indicate how the parties agree to handle the filing (expense and refund, if any).  *En 2, marque a o b.*  *Si marcó b, marque 1 ó 2. Si marcó 2, indique cuál es el acuerdo de las partes para completar la declaración de impuestos (gastos y reembolso, si los hubiere)* |  | 2. | | **Years Before Divorce/Legal Separation.**  ***Años anteriores al divorcio / separación legal.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | | | | | Tax returns for all previous years were filed.  *Se han presentado las declaraciones de impuestos de todos los años anteriores.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | | | | | The parties shall file returns for the previous tax years as follows:  *Las partes presentarán declaraciones de impuestos para los años fiscales previos de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | 1) | | | | | | | | share preparation expenses, tax liability, and/or refund equally.  *compartir gastos de preparación, responsabilidad impositiva y/o igualdad en el reembolso* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | 2) | | | | | | | | Other: *Otro*: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I. | **LEGAL NAME RESTORATION / *RESTAURACIÓN DE NOMBRE LEGAL*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In I, check 1, or 2.  *En I, marque 1, ó 2.*  Enter the former legal surname.  *Si marcó 1 ó 2, escriba el apellido legal anterior.* |  | 1. | | Petitioner/Joint Petitioner A requests the right to use a former legal surname of       .  *La Parte Demandante/Solicitante Conjunta A solicita el derecho de uso del apellido legal anterior de* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | Respondent/Joint Petitioner B requests the right to use a former legal surname of       .  *La Parte Demandada/Solicitante Conjunta B solicita el derecho de uso del apellido legal anterior de* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Note:** If this is an action for legal separation, the court cannot allow either party to resume a former legal surname unless and until the judgment is converted to a divorce.  ***Nota:*** *Si ésta es una acción de separación legal, el tribunal no puede permitir que ninguno de los cónyuges comience a usar un apellido legal anterior a menos que y hasta que el fallo se convierta en divorcio.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Legal custody is the right and responsibility to make major decisions about a child.  ***NOTA:*** *La tutela legal es el derecho y la responsabilidad de tomar decisiones trascendentales acerca de un hijo menor de edad.* | J. | **LEGAL CUSTODY OF MINOR CHILDREN**  ***TUTELA LEGAL DE HIJOS MENORES DE EDAD*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The minor children (age 17 or younger) born to or adopted together by the parties, before or during the marriage, are listed below and the legal custody of each shall be as follows:  *A continuación se enumeran los hijos menores de edad (17 años de edad o menos) nacidos de o adoptados conjuntamente por las partes, antes o durante el matrimonio, y la tutela legal de cada uno de ellos será la siguiente:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In J, enter the name, date of birth [month, day, year], of each child and check custody option.  *En J, escriba el nombre, la fecha de nacimiento [mes, día, año] de cada hijo y marque la opción de tutela.* |  | **Name of Minor Child**  ***Nombre del hijo menor de edad*** | | | | | | | | | | | | | | | | | | | | | | | | **Birth Date**  ***Fecha de nacimiento*** | | | | | | | | **Joint Legal Custody**  ***Tutela legal conjunta*** | | **Sole Legal Custody to Petitioner/**  **Joint Petitioner A**  ***Tutela legal individual a la Parte Demandante / Solicitante Conjunta A*** | | | | **Sole Legal Custody to Respondent/**  **Joint Petitioner B**  ***Tutela legal individual a la Parte Demandada / Solicitante Conjunta B*** | | | | |
| **Note:** To include more detail, check the box and attach a parenting plan or other separate description.  ***NOTA:*** *Para incluir más detalles, marque el recuadro y adjunte un plan de crianza u otra descripción por separado*. |  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |  | | | |  | | | | |
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|  |  | **Also see attached parenting plan or other separate description.**  ***Ver también el plan de crianza adjunto u otra descripción por separado*.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Physical Placement means where the child lives or spends their time.  Shared placement: child spends at least 25% or 92 days per year with each parent. Otherwise, one parent is considered to have primary placement.  In K, enter the names of the children. Check shared, Primary with Petitioner/Joint Petitioner A, or Primary with Respondent/Joint Petitioner B for each child. If 1, attach parenting plan and/or a schedule. If 2, describe how placement will be arranged.  ***NOTA****: Colocación física significa dónde vive o pasa tiempo el menor. La colocación compartida: un menor pasa por lo menos el 25% o 92 días por año con cada uno de los padres. De lo contrario, se considera que uno(a) de los padres tiene la colocación física principal.*  *En K, escriba los nombres de los hijos menores de edad. Marque ‘compartida’, ‘principalmente con la Parte Demandante/ Solicitante Conjunta A’ o ‘principalmente con la parte Demandada/ Solicitante Conjunta B’, para cada menor. Si marcó 1, adjunte el plan de crianza y/o calendario. Si marcó 2, describa cómo se compartirá la colocación.* |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | |
|  |  | In a sole legal custody arrangement, the parent not granted sole legal custody, shall file a medical history form with the court in compliance with §767.41(7m), Wis. Stats.  *En una situación de tutela legal individual, el padre o la madre que no recibe la tutela legal individual, deberá presentar un formulario de historia clínica ante el tribunal, según dispone la sección 767.41(7m) de los Estatutos de Wisconsin.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | K. | **PHYSICAL PLACEMENT OF MINOR CHILDREN**  ***COLOCACIÓN FÍSICA DE LOS HIJOS MENORES DE EDAD***  The following physical placement order is in the best interest of the minor children  *La siguiente orden de colocación física responde al interés superior de los hijos menores.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Name of Minor Child**  ***Nombre del hijo menor de edad*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Shared**  ***Compartida*** | | | **Primary with Petitioner/**  **Joint Petitioner A**  ***Principalmente con la Parte Demandante / Solicitante Conjunta A*** | | | | **Primary with Respondent/**  **Joint Petitioner B**  ***Principalmente con la Parte Demandada / Solicitante Conjunta B*** | | | | |
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|  |  | and the placement schedule shall be  *y el calendario de colocación física será el siguiente:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | as listed in the attached parenting plan and/or schedule.  *como se indica en el plan de crianza y/o el programa que se adjunta.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | as follows: / *el siguiente* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If checked, enter reasons.  *Si está marcado, indique los motivos.*  *Marque si tiene anexos.* |  |  | | If either parent is receiving less than 25% placement, the specific reasons more placement with that parent is not in the child’s best interest is as follows:        . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | **See attached / *Vea el anexo*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | *Si alguno de los progenitores recibe una colocación inferior al 25%, las razones específicas por las que una colocación con ese progenitor no responde al interés superior del menor son las siguientes:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | L. | **MEDICAL AND HEALTH CARE EXPENSES**  ***GASTOS MÉDICOS Y DE CUIDADO DE SALUD*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | **Medical Insurance and Payments**. Parents are required to provide private health insurance for their minor child(ren) if service providers are located within 30 miles or 30 minutes from the child’s residence and if the cost is reasonable. Reasonable cost is defined as the total amount paid for insurance coverage where the cost does not exceed 10% of the insuring parent’s monthly income available for child support. The insuring parent may receive a contribution toward the cost of the insurance from the other parent, either as a credit against the child support obligation or an increase in the non-insuring parent’s child support obligation as long as the contribution does not exceed 10% of the non-insuring parent’s gross monthly income. The parties agree that such medical insurance coverage for the minor child(ren) including medical, dental, orthodontic, hospital, psychiatric, counseling, drug and other health expenses which is currently offered shall be provided and paid by  ***Seguro médico y pagos.*** *Se exige que los padres proporcionen un seguro médico privado a su(s) hijo(s) menor(es) si los proveedores de servicio están ubicados dentro de las 30 millas o los 30 minutos de la residencia del menor y si el costo es razonable. El costo razonable se define como la diferencia entre la cobertura familiar y la simple, donde el costo agregado no supera el 10% del ingreso mensual del padre o madre disponible para la manutención de menores. El padre o la madre que proporciona el seguro puede recibir una contribución del otro padre o madre para el costo del seguro, que puede ser tomado como un crédito contra la obligación de manutención del menor o como un aumento de la obligación de manutención del menor del padre que no toma el seguro, siempre que el aumento no supere el 10% del ingreso mensual bruto de este último. Las partes acuerdan que dicha cobertura del seguro médico para el o los hijos menores, que incluye gastos médicos, dentales, de ortodoncia, hospitalarios, psiquiátricos, de consejería, medicamentos y otros gastos relacionados con la salud que actualmente se ofrecen sean provistos y pagados por:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If b, enter who will provide insurance, the out of pocket cost for such insurance, and the amount the other party will contribute.  *Si marcó b, escriba quién proveerá el seguro, el costo de bolsillo de dicho seguro y el monto del aporte que hará la otra parte*. |  |  | | a. | | | | | both parties shall provide private health insurance and neither parent is required to make a cash contribution to the other.  *ambas partes deberán proveer el seguro médico privado, y no se requiere que ninguno de los padres haga aportes en efectivo al otro.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | | | | shall provide private health insurance. The out of pocket cost (difference between single and family coverage) to cover the child(ren) under such insurance is $       . The other parent shall contribute $  toward that cost (as a reasonable cash contribution) and that amount, if any, is included as a deviation in the child support calculation in M. Child Support and Financial Expenses below.  *[ - ]* *deberá proporcionar el seguro médico privado. Los gastos de bolsillo (diferencia entre la cobertura familiar y la simple) para cubrir a los hijos que están asegurados en ese seguro son de $ [ - ]. El otro padre deberá aportar $ [ - ] para ese costo (como un aporte razonable en efectivo) y ese monto, si existe, se incluye como una diferencia en el cálculo de la manutención del menor en M. Gastos de manutención de menores y financieros que aparece abajo.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If c, indicate who will be responsible for providing public health insurance and whether the children are enrolled or need to be enrolled.  Also, check 1 or 2.  If 2, indicate the cost for such insurance and the amount the other party will contribute.  *Si marcó c, indique quién será responsable de proporcionar el seguro público médico y si los niños están inscriptos o deben estarlo.*  *Marque 1 ó 2 tambien. Si*  *marcó 2, indique el costo de dicho seguro y el monto del aporte que hará la otra parte*. |  |  | | c. | | | | | A comprehensive private health insurance policy is not available to either parent at a reasonable cost.  Petitioner/Joint Petitioner A  Respondent/Joint Petitioner B  has enrolled in  shall promptly apply for Public Health Insurance.  *No hay disponible una póliza de seguro médico privada integral a un costo razonable para ninguno de los padres.[ - ] Parte Demandante/Solicitante Conjunta A [ - ] Parte Demandada/Solicitante Conjunta B [ - ] lo ha inscrito en [ - ] solicitará una de inmediato seguro médico público.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | 1) | | | | | | | | There is no out of pocket expense for the above Public Health Insurance.  *No hay gastos de bolsillo para el seguro de salud público mencionado antes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | 2) | | | | | | | | Out of pocket cost for such insurance is $      . The other parent shall contribute $      toward that cost (as a reasonable cash contribution) and that amount, if any, is included as a deviation in the child support calculation in M.Child Support and Financial Expenses below. If an accessible private health insurance policy becomes available at a reasonable cost to either parent, that parent shall enroll the child(ren) as covered dependents under their health insurance.  *Los gastos de bolsillo para dicho seguro son de $ [ - ]. El otro padre deberá aportar $ [ - ] para ese costo (como aporte en efectivo razonable) y ese monto, si existe, se incluye como una diferencia en el cálculo de la manutención del menor en M. Gastos de manutención de menores y financieros que aparece abajo. Si surge una póliza de seguro médico privado accesible a un costo razonable para el padre o la madre, él o ella deberá ingresar al o a los menores como dependientes cubiertos en su seguro médico.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If d, check which party has income below 150% of the federal poverty level.  *Si marcó d, marque qué parte tiene un ingreso inferior al 150% del nivel de pobreza federal.* |  |  | | d. | | | | | Petitioner/Joint Petitioner A  Respondent/Joint Petitioner B does not have  *Parte Demandante/Solicitante Conjunta A Parte Demandada/Solicitante Conjunta B no*  free health insurance available and has income below 150% of the federal poverty level and is therefore unable to make a cash contribution toward the cost of the child(ren)’s healthcare. The appropriate cash medical support obligation is $0. If accessible private health insurance becomes available at a reasonable cost to either parent, that parent shall enroll the child(ren) as covered dependents under their health insurance.  *tiene un seguro médico gratuito disponible y tiene un ingreso inferior al 150% del nivel de pobreza federal y, por lo tanto, no puede hacer un aporte en efectivo para el costo del cuidado de la salud del menor o los menores. La obligación médica en efectivo apropiada es de $0. En caso de que haya disponible un seguro médico privado accesible a un costo razonable para cualquiera de los padres, ese padre deberá inscribir a los hijos como dependientes cubiertos en su seguro médico.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | The insuring parent shall provide the other parent and the child support agency with copies of policy information and insurance cards. The insuring parent shall inform the child support agency about any change in employment and the availability of insurance.  *El padre que proporciona el seguro médico deberá proveer copias de la información de la póliza y tarjetas de seguro al otro padre y la agencia de manutención de menores. El padre que proporciona el seguro deberá informar a la agencia de manutención de menores sobre sus cambios de empleo y la disponibilidad del seguro.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 2, enter the percentage that each parent will pay in a. and b. The total must equal 100%.  *En 2, escriba el porcentaje que cada padre va a pagar en a y b. El total debe sumar 100%.* |  | 2. | | **Uninsured Health Care Expenses.** Payments for health care expenses for the minor children not covered by insurance, including medical, dental, orthodontic, hospital, psychiatric, counseling, drug and other health expenses shall be paid as follows:  ***Gastos de cuidado de salud no cubiertos por seguro.*** *Los pagos de gastos de cuidado de salud para los hijos menores de edad que no cubre el seguro, incluyendo gastos médicos, dentales, ortodónticos, hospitalarios, psiquiátricos, de consejería, medicamentos y otros gastos de salud deberán pagarse de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | Petitioner/Joint Petitioner A to pay 50% of the total amount.  Other:       %  *La Parte Demandante*/*Solicitante Conjunta A deberá pagar el 50% del monto total.*  *[ - ] Otro: [ - ] %* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | Respondent/Joint Petitioner B to pay 50% of the total amount.  Other:       %  *La Parte Demandada*/*Solicitante Conjunta B deberá pagar el 50% del monto total.*  *[ - ] Otro: [ - ] %* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 3, enter the number of days for the deadline if other than 60 days.  *En 3, introduzca el número de días del plazo si es distinto de 60 días.* |  | 3. | | **Reimbursements.** Any request for reimbursement from the other party for medical insurance and uninsured health care expenses shall be made in writing. The other party shall pay their required percentage within 60 days after receiving a **written** request.  Other:       days.  ***Reembolsos****. Todo pedido de reembolso de la otra parte por gastos de cuidado de la salud cubiertos o no cubiertos por el seguro deberá hacerse por escrito.* *La otra parte deberá pagar el porcentaje que le corresponda dentro de un plazo de 60 días después de recibir una solicitud* ***por escrito****.* *[ - ]* *Otros*: *[ - ]* *días.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In M.1, check the guideline 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.a, enter the payer’s name, recipient’s name, payment frequency (weekly, bi-weekly, monthly, bi-monthly) and guideline amount.  *En M.1, marque la pauta que rige para los aspectos específicos de este caso después de considerar el ingreso bruto de las partes, otras obligaciones de pago de las partes y la colocación física de los niños. En 2.a, escriba el nombre de la parte pagadora, el nombre del receptor, la frecuencia de pago (semanal, cada dos semanas, mensual, dos veces por mes), y el monto de la pauta.* | M. | **Child Support AND FINANCIAL EXPENSES**  ***GASTOS DE* *manutención de menores Y FINANCIEROS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | | The standard child support calculation, based on gross income that applies to this case is:  *El cálculo estándar de la manutención menores basado en los ingresos brutos que se aplica a este caso es el siguiente* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | **Indicate Number of Children and designated percentage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Check any that apply:** | | | | | | | | | | | |
|  |  |  | | *[Indique el número de hijos y el porcentaje designado:]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Marque las que correspondan:* | | | | | | | | | | | |
|  |  |  | | 17% for one child.  *17% para un hijo.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | split-placement formula.  *fórmula para colocación dividida.* | | | | | | | | | | | |
|  |  |  | | 25% for two children.  *25% para dos hijos.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | shared-placement formula.  *fórmula para colocación compartida.* | | | | | | | | | | | |
|  |  |  | | 29% for three children.  *29% para tres hijos.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | serial-family parent formula.  *fórmula para padres con familias múltiples.* | | | | | | | | | | | |
|  |  |  | | 31% for four children.  *31% para cuatro hijos.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | low-income payer formula.  *fórmula para parte pagadora de bajos ingresos.* | | | | | | | | | | | |
|  |  |  | | 34% for five or more children.  *34% para cinco hijos o más.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | high-income payer formula.  *fórmula para parte pagadora de altos ingresos.* | | | | | | | | | | | |
|  |  | 2. | | **Child Support Order and Basis for any Deviation.**  ***Orden de manutención de menores y base para las diferencias.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | Based on the above standard calculation, the amount payable by        to       per       is  *Según el cálculo estándar anterior, el monto a pagar por [ - ] a [ - ] por*  *[ - ] es* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |
| In b.1, enter the medical deviation from L.1.b or c or “0” if none and check if the amount should increase or decrease the guideline amount.  *En b1, escriba la diferencia médica de L.1.b o c o 0 si ninguna y marque si el monto debería aumentar o disminuir el monto de la pauta.* |  |  | | b. | There should be a deviation from that amount of child support.  *Debe haber una desviación de esa cantidad de manutención de menores.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | |  | 1) | | | | | | A medical cash contribution from above in  **L.1.b.** **or L.1.c.2.**  **MEDICAL AND HEALTH CARE EXPENSES**  *Un aporte en efectivo para gastos médicos de*  ***L.1.b o L.1.c.2. MÉDICOS Y DE CUIDADOS DE LA SALUD***  increases  decreases this child support amount by  *aumenta disminuye este monto de manutención en*  (If no deviation, enter “0” or “None”)  *(Si no hay diferencia, escriba “0” o “ninguna”)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |
| In b.2, enter the other deviations or 0 if none. In c, enter the date the payment begins and determine the net child support amount after adding or subtracting the deviations in 2.a.  *En b.2, escriba las demás diferencias o 0 si ninguna. En c, escriba la fecha en que comienza el pago y determine el monto neto de la manutención del menor después de sumar o restar las diferencias del monto de 2a.* |  |  | |  | 2) | | | | | | A deviation is based on: (Explain the reasons for any other deviation here)  and this  increases  decreases this child support amount by  *Una diferencia se basa en (Explique los motivos de las desviaciones aquí)* *[ - ]* y *esto [ - ] aumenta [ - ] disminuye este monto de manutención en [ - ]*  (If no deviation, enter “0” or “None”)  *(Si no hay diferencia, escriba “0” o “ninguna”)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |
|  |  |  | | c. | Beginning [Date]       the amount payable by       to       per       is  *A partir de [Fecha] [ - ] el monto a pagar por [ - ] a [ - ] por es*  (If no child support is to be paid, enter “0” or “Held Open”)  *(Si no se paga manutención, escriba “0” o “Queda abierto”)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |
|  |  | 3. | | **Payments for Child Support and/or Maintenance shall be made**  ***Los pagos de manutención de menores y/o de mantenimiento deberán hacerse*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 3, check a or b.  *En 3, marque a o b.* |  |  | | a. | | | | no payments are ordered.  *no se ordenó ningún pago.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | | | to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200  *a nombre del fondo Wisconsin Support Collections Trust Fund (WI SCTF) a Box 74200, Milwaukee, Wisconsin 53274-0200* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If b, check 1 or 2. If 2, enter the payer’s employer information.  *Si marco b, marque 1 o 2. Si marco 2, escriba la información del empleador de la parte pagadora.*  **Note:** For more information on DCF 150, contact your local Child Support Agency.  ***NOTA****: Para más información acerca del DCF 150, consulte a su Agencia local de Manutención de menores.* |  |  | |  | | | | 1) | | | | | | | | directly from the payer to WI SCTF (**only allowable if self-employed**).  *directamente de la parte pagadora al WI SCTF (****solamente si es trabajador autónomo****)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | 2) | | | | | | | | by income assignment from the payer’s employer as indicated below:  *mediante asignación de ingresos del empleador de la parte pagadora, tal como se indica abajo:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | | | | | Employer name / *Nombre del empleador*  Address of payroll office  *Dirección de la oficina de nómina*  City       State       Zip  *Ciudad Estado Código Postal*  Phone / *Teléfono*       Fax | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** An arrearage is an amount ordered that has not been paid and is overdue.  ***NOTA:*** *Un monto atrasado es un importe que no ha sido pagado y está vencido.*  In 4, check a, b, c, d, e or f. If d, enter the monthly payment amount and the date payments begin. If e, enter the amount of the arrears balance and check 1 or 2. If 1, enter the date of the one-time payment. If 2, enter the amount of the monthly payment and the date payments begin.  *En 4, marque a, b, c, d, e o f. Si marcó d, escriba el monto del pago mensual y la fecha en que van a comenzar los pagos. Si marcó e, escriba el monto del saldo atrasado y marque 1 ó 2. Si marcó 1, escriba la fecha del pago único. Si marcó 2, escriba el monto del pago mensual y la fecha en que van a comenzar los pagos.* |  | 4. | | **Arrearages for Child Support. / *Pagos atrasados de manutención de menores.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | The amount of the child support arrears owed to a party shall be paid and earn interest at the statutory interest rate. Payments shall be made as follows:  *El monto atrasado de manutención de menores que se adeuda a una parte deberá pagarse, devengando intereses a la tasa de interés estatutaria. Los pagos deberán hacerse de la siguiente manera:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | | | No child support was previously ordered. There is no amount due.  *No se ordenó ningún mantenimiento de menores previamente. No se adeuda ningún monto.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | | | The party has paid all child support as ordered. There is no amount due.  *La parte ha pagado todo el mantenimiento de menores según lo ordenado. No se adeuda ningún monto.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | c. | | | | If there are any arrearages for child support now or at the time of the final hearing, those arrearages are waived and the court financial record shall be set at zero.  *Si hay algún monto atrasado de manutención de menores ahora o en el momento de la audiencia final, se renuncia a dicho monto y el saldo financiero en el tribunal debe quedar en cero.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | d. | | | | The total amount currently reflected in the WI SCTF KIDS computer system and shall be paid through monthly income withholding by the WI SCTF in the amount of $      beginning       , 20       until the arrearages are paid in full.  *El monto total que en la actualidad se refleja en el sistema computarizado de WI SCTF KIDS y deberá ser abonado por medio de retenciones mensuales del sueldo hechas por el WI SCTF por $ [ - ] a partir de [ - ] hasta que el monto atrasado se pague por completo.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | e. | | | | The arrears shall be set at $       and paid through  *El monto atrasado se pagará a $ [ - ] y por medio de* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | 1) | | | | | | | | a one-time payment to the WI SCTF made by [date]       .  *un pago único al WI SCTF efectuado antes del [fecha]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | 2) | | | | | | | | monthly income withholding by the WI SCTF in the amount of $  beginning       , 20      until the arrearages are paid in full.  *Retenciones mensuales del sueldo hechas por el WI SCTF por un monto de $[ - ] a partir de [ - ] hasta que lo atrasado quede pagado en su totalidad.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | f. | | | | Shall be determined by the court at the time of the final hearing.  *Deberá ser calculado por el tribunal durante la audiencia final.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 5, if applicable, enter the percentage each parent shall. The total amount must equal 100 %.  In 5.c, enter the number of days for each deadline.  *En 5, si corresponde, escriba el porcentaje que deberá pagar cada uno de los padres. El monto total debe sumar el 100%. En 5.c, escriba la cantidad de días para cada vencimiento.*  **Note:** Variable cost orders are mandatory only for shared placement situations in which a child spends at least 25% or 92 days per year with each parent.  ***NOTA*:** *Las órdenes sobre costos variables son obligatorias solamente para situaciones de colocación compartida en las que un niño pasa al menos el 25% o 92 días por año con cada padre.* |  | 5. | | **Variable costs** (Required only in cases of shared physical placement)which are those reasonable costs above basic support costs for a minor child, including but not limited to child care costs, tuition, a child’s special needs, and other activities that involve substantial cost.  ***Costos variables*** *(Requeridos solamente en casos de una colocación física compartida) que son aquellos costos razonables por encima de los costos básicos de manutención de un menor de edad, incluyendo, sin estar limitado a, costos de cuidado de niños, colegiatura, las necesidades especiales de un menor y otras actividades que conlleven un costo considerable.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | a. | | Shall be paid as follows: / *Deberán pagarse de la siguiente manera:*  (Payments must be paid directly to the parent and can’t be made through WI SCTF)  *(Los pagos deberán hacerse directamente al padre o a la madre, no pudiendo efectuarse a través del WI SCTF).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | 1) | | | | | | | Each parent shall be responsible for the variable costs in proportion to their shared placement time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | | | | | *OR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | | | | | *Cada progenitor será responsable de los gastos variables en proporción a su tiempo de colocación compartido.]*  *O* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | 2) | | | | | | | | 1. Petitioner/Joint Petitioner A to pay      % of the variable costs.   *La Parte Demandante/Solicitante Conjunta A deberá pagar el \_% de los gastos variables.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | | | | | | 1. Respondent/Joint Petitioner to pay      % of the variable costs.   *La Parte Demandada/Solicitante Conjunta B deberá pagar el \_% de los gastos variables.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | b. | | The request for reimbursement for variable costs shall be made in writing and sent to the other party within       days from the day the cost was incurred. Each party shall pay the required percentage within 60 days from the date of the request.  Other: *Otro:*       days. *días.*  *La solicitud de reembolso de costos variables deberá hacerse por escrito y enviada a la otra parte dentro de un plazo de [ - ] días de la fecha en que se incurrió en dicho costo. Cada parte deberá pagar el porcentaje requerido dentro de un plazo de [ - ] días de la fecha de la solicitud.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 6. | | **Deductions for Children** as dependents and exemptions for income tax purposes.  ***Deducciones para hijos*** *menores de edad como dependientes y exenciones para propósitos de impuestos sobre los ingresos* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 6, enter the name of each child and then check the box to indicate how the deduction will be distributed.  *En 6, escriba el nombre de cada hijo menor de edad y marque el recuadro para indicar cómo se va a distribuir la deducción.* |  | **Name of Child**  ***Nombre del hijo menor de edad*** | | | | | | | | | | | | | | | | | | | | | | | **Petitioner/**  **Joint Petitioner A to claim in all tax years**  ***Parte demandante/Solicitante Conjunta A le va a reclamar en todos los años fiscales*** | | | | | | | **Respondent/Joint Petitioner B to claim in all tax years**  ***Parte demandada /Solicitante Conjunta B le va a reclamar en todos los años fiscales*** | | | **Petitioner/**  **Joint Petitioner A to claim in even tax years;**  **Respondent/**  **Joint Petitioner B to claim in odd tax years**  ***Parte demandante/Solicitante Conjunta A le va a reclamar en los años fiscales pares;***  ***Parte demandada /Solicitante Conjunta B le va a reclamar en los años fiscales impares*** | | | | | | **Respondent/**  **Joint Petitioner B to claim in even tax years; Petitioner/**  **Joint Petitioner A to claim in odd tax years**  ***Parte demandada /Solicitante Conjunta B le va a reclamar en los años pares; Parte demandante/Solicitante Conjunta A le va a reclamar en los años fiscales impares*** | | | |
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|  |  | 7. | | Any party ordered to pay child support may only claim the minor children as exemptions for federal and state income tax purposes if they are substantially current in payment of child support as of December 31 of the year in which they intend to claim the exemption.  *Toda parte a la que se le ordene pagar manutención de menores podrá reclamar a los hijos menores de edad como exenciones para propósitos de las declaraciones de impuestos federales y estatales solamente si ellos están al corriente en los pagos de manutención de menores para el 31 de diciembre del año durante el cual pretende reclamar la exención.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 8. | | Each party shall cooperate in signing IRS Form 8332, or other appropriate state or federal tax forms, as necessary, in order to carry out the options selected above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | *Cada parte cooperará, firmando el Formulario 8332 del IRS u otros formularios tributarios estatales o federales apropiados, según sea necesario, para poder ejercer las opciones seleccionadas arriba.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | N. | **LIFE INSURANCE / *SEGURO DE VIDA*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In N, check 1 or 2. |  | Each party shall keep in full force and pay the premiums on all life insurance presently held upon their life, naming the minor children of the parties as sole primary beneficiaries in equal shares, until the youngest of the minor children reaches age of 18 or age 19 if they are pursuing a high school diploma or its equivalent. If current coverage is lost, the party with the current life insurance policies shall provide equivalent coverage. Each party shall furnish the other with proof of the named sole primary beneficiary upon request. This provision may be satisfied in a will or trust. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *En N, marque 1 ó 2.* |  | *Cada parte deberá mantener en plena vigencia y pagar las primas de todo seguro de vida que tenga actualmente a nombre suyo, colocando a los hijos menores de edad de las partes como los únicos beneficiarios primarios por partes iguales, hasta que el más joven de los hijos menores de edad llegue a la edad de 18, o a la edad de 19 si está estudiando para obtener un diploma de la escuela secundaria o equivalente. Si se pierde la cobertura actual, la parte que tenga las pólizas de seguro de vida actuales deberá proporcionar una cobertura equivalente. Cada parte le proporcionará a la otra parte una constancia de que figura como beneficiario único primario, si se le solicita. Esta disposición puede ser satisfecha por un testamento o fideicomiso.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If 2, enter the name of the company who holds the policy, the policy number, and the name of the party who the policy currently insures.  *Si marcó 2, escriba el nombre de la compañía que tiene la póliza, el número de póliza y el nombre de la parte asegurada actualmente por dicha póliza.* |  | 1. | | The parties do not currently have any life insurance policies in force. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | *Las partes no tienen actualmente vigente ninguna póliza de seguro de vida.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | | The following life insurance policies are currently in full force: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | *Las siguientes pólizas de seguro de vida están actualmente en plena vigencia:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Company Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Policy Number** | | | | | | | | | **Name of Insured** | | | | | | |
|  |  | ***Nombre de la compañía*** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Número de póliza*** | | | | | | | | | ***Nombre de la persona asegurada*** | | | | | | |
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|  |  | Neither party may borrow against any life insurance policy after the date of this agreement, nor use it as collateral, without the written consent of the other party.  *Ninguna de las partes podrá pedir prestado contra ninguna póliza de seguro de vida después de la fecha de este acuerdo, ni usarla como aval, sin el consentimiento escrito de la otra parte.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In O, check 1 or 2.  *En O, marque 1 ó 2.*  If 2, attach any additional agreements. | O. | **OTHER AGREEMENTS / *OTROS ACUERDOS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  |  | **NOTE:** Oral agreements are not enforceable by the court. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | ***NOTA:*** *Los acuerdos verbales no son ejecutables por el tribunal..* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. | There are no other agreements, written or oral, concerning this marriage. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | *No existe ningún otro acuerdo, ni escrito ni oral, en cuanto a este matrimonio.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 2. | There are additional written agreements concerning this marriage, copies of which are attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Si marcó 2, adjunte cualquier acuerdo adicional.* |  |  | *Existen acuerdos escritos adicionales en cuanto a este matrimonio, copias de los cuales se adjuntan.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In P, enter the date by which you will exchange financial information each year.  *En P, escribe la fecha para la cual intercambiará información financiera todos los años.* | P. | **UNDERSTANDINGS / *CONVENIOS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | This form was provided as a convenience and may NOT cover all issues.  *Se proporciona este formulario como una conveniencia y es posible que NO cubra todos los asuntos.*  Any court order regarding child support, legal custody, or physical placement is not final and may be modified under an appropriate change of circumstances.  *Ninguna orden de un tribunal con respecto a manutención de los hijos, tutela legal o asignación es final, pudiendo modificarse bajo un cambio apropiado de circunstancias.*  If the court orders child support or maintenance, the parties shall annually exchange financial information no later than May 1 or  Other: [Date]       of each year including all of the following:  *Si el tribunal ordena una pensión alimenticia para los hijos o manutención, las partes intercambiarán anualmente información financiera a más tardar el 1 de mayo u  Otra: [Fecha] de cada año, incluyendo todo lo siguiente:*   * A complete copy of the party’s federal and state income tax return for the prior calendar year, including all W-2 forms and 1099 forms.   *Una copia completa de la declaración de impuestos federal y estatal de la parte correspondiente al año calendario anterior, incluidos todos los formularios W-2 y 1099.*   * A year-end paycheck stub from all sources of employment for the prior calendar year.   *Un talón de la nómina de fin de año de todas las fuentes de empleo del año calendario anterior.*   * The party’s most recent paycheck stub from all sources of employment showing year-to-date gross and net income.   *El talón de la nómina más reciente de la parte de todas las fuentes de empleo que muestre los ingresos brutos y netos del año hasta la fecha.*  Any other documentation of the party’s income from all sources for the 12-month period preceding the exchange of information.  *Cualquier otra documentación de los ingresos de la parte, de todas las fuentes, durante el período de 12 meses anterior al intercambio de información.*  Whenever private, accessible and reasonably-priced health insurance becomes available to either parent at a reasonable cost, that parent shall enroll the child(ren) under the plan, unless the child(ren) are already enrolled under another private health insurance plan or unless the parent's income is below 150% of the federal poverty level.  *Cada vez que haya seguro médico privado, asequible y a un precio razonable disponible para cualquiera de los padres a un costo razonable, ese padre deberá inscribir al/los hijo/s en el plan, a menos que el/los hijo/s ya estén inscriptos en otro plan de seguro médico privado o a menos que el ingreso de los padres sea inferior al 150% del nivel federal de pobreza.*  Any court order regarding the division of property is final as of the date of the final hearing and can never be changed.  *Toda orden del tribunal con respecto a la división de bienes es final a partir de la fecha de la audiencia final, no pudiendo cambiarse nunca.*  There are certain legal presumptions under Wisconsin law, such as:  *Bajo las leyes de Wisconsin existen ciertas presunciones jurídicas, tales como:*   * Marital property should be divided 50/50.   *La propiedad matrimonial debería ser dividida 50/50.*   * Legal custody of minor children should be granted jointly to both parents.   *La tutela legal de hijos menores de edad debería ser concedida conjuntamente a ambos padres.*   * A child born or conceived during the marriage is presumed to be a child of both parties.   *Se asume que un hijo nacido o concebido durante el matrimonio es un hijo de ambas partes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Q. | **VOLUNTARY EXECUTION / NATURE OF AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | ***EJECUCIÓN VOLUNTARIA/NATURALEZA DEL ACUERDO*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | I assume equal responsibility for the entire content of this document. It is entered into freely and voluntarily and not because of any undue influence. I believe the terms to be fair and reasonable under the circumstances. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Asumo la misma responsabilidad por todo el contenido de este documento. Lo formalizo libre y voluntariamente y no a causa de ninguna influencia indebida. Considero que los términos son justos y razonables dadas las circunstancias.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | I acknowledge that there may be substantial legal and tax implications with regard to this document. I understand that lack of knowledge of the law may not be sufficient to convince the court that relief from these provisions is required. I acknowledge that I have the right to seek the advice of my own personal attorney. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Reconozco que puede haber implicaciones legales y fiscales sustanciales con respecto a este documento. Entiendo que el desconocimiento de la ley puede no ser suficiente para convencer al tribunal de la necesidad de exención de estas disposiciones. Reconozco que tengo derecho a solicitar el asesoramiento de mi abogado personal.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | R. | **GENERAL RELEASE /  *EXONERACIÓN GENERAL*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The parties are released from any claim of any nature that may exist. Neither party may, at any time, sue the other, or heirs, personal representatives, and assigns, for the purpose of enforcing any or all of the rights relinquished and/or waived under this document. In the event any suit shall be commenced, this release, when pleaded, shall constitute a complete defense to any such claim or suit so instituted by the other party. I understand that this general release shall not become effective until this **Marital Settlement** is approved by the court. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Las partes quedan liberadas de cualquier reclamación de cualquier naturaleza que pudiera existir. Ninguna de ellas podrá, en ningún momento, demandar a la otra, ni a sus herederos, representantes personales y cesionarios, con el fin de hacer valer alguno o todos los derechos a los que se ha renunciado y/o renuncian en virtud del presente documento. En el caso de que se inicie una demanda, esta exoneración, cuando se invoque, constituirá una defensa completa frente a cualquier reclamación o demanda interpuesta por la otra parte. Entiendo que esta exoneración general no entrará en vigor hasta que esta* ***Acuerdo de Disolución Matrimonial*** *sea aprobado por el tribunal.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | S. | **FULL DISCLOSURE AND RELIANCE / *DIVULGACIÓN COMPLETA Y SEGURIDAD*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | I warrant that I have provided an accurate, complete, and current disclosure of all income, assets, debts, and liabilities. I have reviewed any financial disclosures made by the other party. I understand that deliberate failure to provide complete disclosure constitutes perjury under §767.127, Wis. Stats. and a fraud upon the court. The property referred to in this document represents all the property in which either party has any interest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Garantizo que he proporcionado una declaración exacta, completa y actualizada de todos mis ingresos, bienes, deudas y obligaciones. He revisado cualquier declaración financiera hecha por la otra parte. Entiendo que la omisión deliberada de una declaración completa constituye perjurio según los estatutos de Wisconsin §767.127 y un fraude al tribunal. Los bienes a los que se hace referencia en este documento representan todos los bienes en los que cualquiera de las partes tiene algún interés.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | T. | **RESTRAINING ORDER / *ORDEN DE RESTRICCIÓN*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Neither party may interfere with the personal liberty of the other, or to go on the premises occupied by the other as a residence except with permission of that party. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Ninguna de las partes podrá interferir con la libertad personal de la otra ni ir al lugar donde vive la otra parte, a menos que tenga el permiso de esa parte.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | U. | **EXECUTION OF DOCUMENTS / *OTORGAMIENTO DE DOCUMENTOS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Now, or in the future, on demand, the parties shall execute and deliver any and all documents that may be necessary to carry out the terms and conditions of this document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Ahora, o en el futuro, a pedido, las partes ejecutarán y entregarán todos y cada uno de los documentos que puedan ser necesarios para llevar a cabo los términos y condiciones de este documento.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | V. | **DIVESTING OF PROPERTY RIGHTS**  ***DESPOSEIMIENTO DE DERECHOS DE PROPIEDAD*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The parties give up all rights to the property awarded to the other, except as otherwise provided for in this document.  *Las partes renuncian a todos los derechos sobre los bienes adjudicados a la otra, salvo que se disponga lo contrario en el presente documento* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | All property awarded to a party shall be the separate property of that party. The parties shall have the right to manage our separate property as if ~~we~~ they had never been married.  *Todos los bienes adjudicados a una parte serán propiedad separada de esa parte. Las partes tendrán derecho a administrar sus bienes por separado como si nunca hubieran estado casadas.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | W. | **SURVIVAL OF AGREEMENTS AFTER JUDGMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | ***VIGENCIA DEL ACUERDO DESPUÉS DEL FALLO*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | If this document is signed by both parties, then it shall survive any subsequent judgment of divorce and shall have independent legal significance. Once adopted by the court, this document is a legally enforceable court order. If this document was entered into as an agreement, then it was entered into for good and valuable consideration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Si este documento está firmado por ambas partes, prevalecerá sobre cualquier sentencia de divorcio posterior y tendrá significado legal independiente. Una vez adoptado por el tribunal, este documento es una orden judicial legalmente ejecutable. Si este documento se firmó como un acuerdo, entonces se celebró por una buena y valiosa razón.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | X. | **JURISDICTION / *JURISDICCIÓN*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | This county shall have jurisdiction for all disputes unless otherwise agreed to in writing or as provided under Wisconsin Statutes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Este condado deberá tener jurisdicción sobre toda disputa a menos que se acuerde algo diferente por escrito o que así dispongan los Estatutos de Wisconsin.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Y. | **APPROVAL OF COURT REQUIRED / *SE REQUIERE LA APROBACIÓN DEL TRIBUNAL*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | I submit this document to the court for approval and request the court to incorporate its terms in the final judgment. Once approved by the court, I understand that either of us may enforce this document in this or any other court of competent jurisdiction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *Presento este documento al tribunal para su aprobación y solicito al tribunal que incorpore sus términos en la sentencia definitiva. Una vez aprobado por el tribunal, entiendo que cualquiera de nosotros podrá hacer valer este documento ante éste o cualquier otro tribunal de jurisdicción competente.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Z. | **WAIVER OF APPEARANCE / *RENUNCIA DE COMPARECENCIA*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The court may proceed with the final hearing without further notice, and consent to judgment being entered on the Petition, pursuant to the terms of this **Marital Settlement** even if the respondent or one of the joint petitioners does not appear. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | *El tribunal puede proceder con la audiencia final sin más aviso y damos nuestro consentimiento para que se asiente el fallo en base a la petición, de acuerdo con los términos de esta* ***Disolución Matrimonial****, aún si la parte demandada o uno(a) de los solicitantes conjuntos no comparece.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The party who is proposing the above agreements must sign their name. Enter the date on which it was signed.  **Note:** This signature does not need to be notarized.  *La parte que propone los acuerdos arriba mencionados debe firmar con su nombre. Indique la fecha de la firma* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▶  Petitioner/Joint Petitioner A *Parte Demandante/Solicitante Conjunta A*  Petitioner/Joint Petitioner B *Parte Demandante/Solicitante Conjunta B*    Print or Type Name / *Nombre escrito en letra de molde o a máquina*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the other party does later agree with this document, you may have them sign and print their name.  Enter the date on which it was signed.  *Si más adelante la otra parte está de acuerdo con este documento, usted puede pedirle que firme y escriba su nombre con letra de imprenta.*  *Indique la fecha en que se firmó.*  **Note:** This signature does not need to be notarized.  ***Nota:*** *No es necesario firmar ante un notario.* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▶  Petitioner/Joint Petitioner A *Parte Demandante/Solicitante Conjunta A*  Petitioner/Joint Petitioner B *Parte Demandante/Solicitante Conjunta B*    Print or Type Name / *Nombre escrito en letra de molde o a máquina*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If either party is receiving public assistance or there is a case worker from the Child Support Agency assigned to your case, you must take this agreement to the Child Support Agency in your county for their approval.  If not, mark not required.  *Si alguna de las partes recibe asistencia pública o si hay un asistente social de la Agencia de Manutención de Menores asignado a su caso debe llevar este acuerdo a la Agencia de Manutención de Menores de su condado, para su aprobación.*  *De lo contrario, marque que no se requiere.* |  | **State of Wisconsin, Child Support Agency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Approved / *Aprobado*  Not Approved / *No aprobado*  Not Required / *No requerid*  If a Guardian ad Litem has been appointed to your case, you must take this agreement to the GAL for his/her approval.  If not, mark not required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Authorized Signature / *Firma Autorizada*    Print or Type Name / *Nombre escrito en letra de molde o a máquina*    Title / *Cargo*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| If a Guardian ad Litem has been appointed to your case, you must take this agreement to the GAL for their approval.  *Si se ha designado un Tutor ad litem a su caso, usted debe presentarle al tutor ad litem este acuerdo para su aprobación.*  If not, mark not required.  *De lo contrario, marque que no se requiere.* | **Guardian ad Litem / *Tutor ad litem*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Approved / *Aprobado*  Not Approved / *No aprobado*  Not Required (no GAL has been appointed)/*No se requiere (no se ha designado ningún tutor ad litem)*  If a Guardian ad Litem has been appointed to your case, you must take this agreement to the GAL for his/her approval.  If not, mark not required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Authorized Signature / *Firma Autorizada*    Print or Type Name / *Nombre escrito en letra de molde o a máquina*    Title / *Cargo*    Address / *Dirección*    Email Address Telephone Number  *Dirección de correo electrónico Teléfono*    Date / *Fecha* State Bar No (if any)  *Número de inscripción en el Colegio de Abogados (si algo)* | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | **This document was prepared with the assistance of a lawyer acting as a mediator.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Este documento fue preparado con la asistencia de un abogado en calidad de mediador.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SCHEDULE A – DIVISION OF OTHER REAL ESTATE** | | | | | | |
| ***ANEXO A – DIVISIÓN DE OTROS BIENES RAÍCES*** | | | | | | |
| **A.** | **Parcel 2:** The parties own other real estate located at: | | | | | |
|  | ***Parcela 2****: Las partes son propietarias de otro inmueble que se encuentra en:* | | | | | |
|  | Address / *Dirección* | | | | | |
|  | City / *Ciudad*       State / *Estado*       Zip / *Código Postal* | | | | | |
|  | Parcel Identification Number (Tax Key Number) | | | | | |
|  | *Número de identificación de parcela (número clave para impuestos)* | | | | | |
|  | **Attached is a legal description of this property. / *Se adjunta una descripción legal de esta propiedad.*** | | | | | |
|  | 1. | This property shall be awarded to the / *Esta propiedad deberá concederse a la* | | | | |
|  |  | A. | Petitioner/Joint Petitioner A / *Parte demandante/Solicitante Conjunta A* | | | |
|  |  | B. | Respondent/Joint Petitioner B / *Parte demandada/Solicitante Conjunta B* | | | |
|  |  | and that party shall be responsible for outstanding financial obligations, and the other party shall be held harmless from any liability. Other provisions including refinancing requirements, if any:       . | | | | |
|  |  | *y esa parte será responsable de las obligaciones financieras pertinentes y la otra parte será eximida de cualquier responsabilidad. Otras disposiciones que incluyen los requisitos de refinancciación, de existir:* | | | | |
|  |  | **See attached / *Vea el anexo*** | | | | |
|  | 2. | This property shall be placed on the market for sale. | | | | |
|  |  | *Esta propiedad deberá ponerse a la venta en el mercado.* | | | | |
|  |  | A. | | Pending sale, the property shall be occupied, used, or managed by | | |
|  |  |  | | *Hasta la venta, la propiedad será ocupada, usada o manejada por* | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  | B. | | Pending sale, the mortgage, taxes, and insurance shall be paid by | | |
|  |  |  | | *Hasta la venta, la hipoteca, los impuestos y el Seguro serán pagados por* | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  | C. | | Pending sale, any necessary repairs, special assessments and other sale-related expenses shall be paid by | | |
|  |  |  | | Hasta la venta, toda reparación necesaria, cargos especiales y otros gastos relacionados con la venta serán pagados por | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  |  | | The money from the sale of this real estate shall be used to pay the usual costs of a sale and prorations, and any balance on the existing mortgage. Upon payment of all costs, the proceeds left from the sale shall be divided between the parties as follow: | | |
|  |  |  | | *El dinero de la venta de este inmueble deberá utilizarse para pagar los costos usuales de una venta y prorrateos y cualquier saldo en la hipoteca existente. Una vez pagados todos los costos, el dinero que quede de la venta deberá ser dividido entre las partes de la siguiente manera:* | | |
|  |  |  | |  | a. | Petitioner/Joint Petitioner A to receive       %. |
|  |  |  | |  |  | *Parte demandante/Solicitante Conjunta A deberá recibir el [ - ]* %. |
|  |  |  | |  | b. | Respondent/Joint Petitioner B to receive       %. |
|  |  |  | |  |  | *Parte demandada/Solicitante Conjunta B deberá recibir el [ - ]* %. |
| **B.** | **Parcel 3:** The parties own other real estate located at: | | | | | |
|  | ***Parcela 3****: Las partes son propietarias de otro inmueble que se encuentra en:* | | | | | |
|  | Address / *Dirección* | | | | | |
|  | City / *Cuidad*       State / *Estado*       Zip / *Código Postal* | | | | | |
|  | Parcel Identification Number (Tax Key Number) | | | | | |
|  | *Número de identificación de parcela (número clave para impuestos)* | | | | | |
|  | **Attached is a legal description of this property. / *Se adjunta una descripción legal de esta propiedad.*** | | | | | |
|  | 1. | This property shall be awarded to the / *Esta propiedad deberá concederse a la* | | | | |
|  |  | A. | | Petitioner/Joint Petitioner A / *Parte demandante/Solicitante Conjunta A* | | |
|  |  | B. | | Respondent/Joint Petitioner B / *Parte demandada/Solicitante Conjunta B* | | |
|  |  | and that party shall be responsible for outstanding financial obligations, and the other party shall be held harmless from any liability. Other provisions including refinancing requirements, if any: | | | | |
|  |  | *quedando esa parte responsable de cualquier obligación financiera a pagar y la otra parte quedará exenta de cualquier responsabilidad. Otras disposiciones incluidos los requisitos de refinanciación, de existir:* | | | | |
|  |  |  | |  | **See attached / *Vea el anexo*** | |
|  | 2. | This property shall be placed on the market for sale. / *Esta propiedad deberá ponerse a la venta en el mercado.* | | | | |
|  |  | A. | | Pending sale, the property shall be occupied, used, or managed by | | |
|  |  |  | | *Hasta la venta, la propiedad será ocupada, usada o manejada por* | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  | B. | | Pending sale, the mortgage, taxes, and insurance shall be paid by | | |
|  |  |  | | *Hasta la venta, la hipoteca, los impuestos y el Seguro serán pagados por* | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  | C. | | Pending sale, any necessary repairs, special assessments and other sale-related expenses shall be paid by | | |
|  |  |  | | *Hasta la venta, toda reparación necesaria, cargos especiales y otros gastos relacionados con la venta serán pagados por* | | |
|  |  |  | | 1. | Petitioner/Joint Petitioner A./ *Parte demandante/Solicitante Conjunta A.* | |
|  |  |  | | 2. | Respondent/Joint Petitioner B. / *Parte demandada/Solicitante Conjunta B.* | |
|  |  |  | | 3. | shared equally. / *compartido por partes iguales.* | |
|  |  |  | | 4. | Other: *Otro:* | |
|  |  |  | | The money from the sale of this real estate shall be used to pay the usual costs of a sale and prorations, and any balance on the existing mortgage. Upon payment of all costs, the proceeds left from the sale shall be divided between the parties as follow: | | |
|  |  |  | | *El dinero de la venta de este inmueble deberá utilizarse para pagar los costos usuales de una venta y prorrateos y cualquier saldo en la hipoteca existente. Una vez pagados todos los costos, el dinero que quede de la venta deberá ser dividido entre las partes de la siguiente manera:* | | |
|  |  |  | |  | a. | Petitioner/Joint Petitioner A to receive       %. |
|  |  |  | |  |  | *Parte demandante/Solicitante Conjunta A deberá recibir el [ - ]* %. |
|  |  |  | |  | b. | Respondent/Joint Petitioner B to receive       %. |
|  |  |  | |  |  | *Parte demandada/Solicitante Conjunta B deberá recibir el [ - ]* %. |