



**MANITOWOC COUNTY CIRCUIT COURT**  
**FAMILY COURT COMMISSIONER**  
1010 SOUTH EIGHTH STREET, ROOM 309  
MANITOWOC, WISCONSIN 54220

**C. Luke LeFevre**  
*Family Court Commissioner*  
*Circuit Court Commissioner*

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*Court Reporter*

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**Stipulation and Order to Change: Custody/Physical Placement/Support/Maintenance/Arrears**  
**(FA-604A & FA-604B)**

The Stipulation (FA-604A) allows parties to stipulate to certain modifications in a Family Court Judgment concerning custody, placement, support, maintenance, arrears, medical expenses and insurance coverage. If completed, signed by the parties, and approved by the Court, the Stipulation (FA-604A) eliminates the need for a hearing. The Order on Stipulation (FA-604B) becomes the Order of the Court.

**INSTRUCTIONS FOR FORMS FA-604A & FA-604B**

1. Fill out the Stipulation (FA-604A) and the Order (FA-604B), following the instructions on the left margin of the forms. Use **BLACK INK** if you fill them out in writing. Use these forms only if both parties are in agreement.
2. On the Stipulation (FA-604A), check the box of the paragraph(s) you are using and complete all necessary information. On page 2, if you are using Box 1A of the Stipulation below AGREEMENTS to change child support, you must fill in subparagraphs 1, 2, 3 & 4. If you do not understand how to answer those questions, you should consult an attorney. **Your Order (FA-604B) will not be signed unless 1, 2, 3, & 4, are complete.** A Child Support Order may not be expressed as a percentage of income, but must state a dollar amount.
3. Both parties must sign the completed Stipulation (FA-604A).
4. Return your completed forms to the **Manitowoc County Child Support Agency, Manitowoc County Courthouse, Room 119, 1010 South 8<sup>th</sup> Street, Manitowoc, WI 54220.** The agency will then approve or deny your request and forward your forms to the Office of the Family Court Commissioner.
5. If the Order (FA-604B) is signed, it will be filed with the Clerk of Court by this office. If the Order is not signed, it will be returned to you at the address on the caption. **If you wish confirmation of signing, you should include an extra copy of each document, along with a stamped, self-addressed envelope.**
6. If you wish to include additional information that does not change the meaning of the forms, attach it on separate pages. The forms themselves may not be altered.

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

**This form is available in Spanish.**  
<https://www.wicourts.gov/forms1/circuit/index.htm>  
**Este formulario está disponible en español.**

Enter the name of the county in which you are filing this case.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> <b>MANITOWOC COUNTY</b>
Mark marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____
Enter the name, address, and daytime phone number of the petitioner/joint petitioner A from the original case file.	<b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	and
Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file.	<b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last) _____ Current Mailing Address _____ City State Zip Daytime phone number
Mark if the State of Wisconsin is a party or not. If you are unsure, call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.

**Stipulation to Change**

- Legal Custody
- Physical Placement
- Child Support
- Maintenance
- Family Support
- Arrears Payment/Balances
- Other: \_\_\_\_\_

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

**FINDINGS/BASIS**

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

1. **Current Income and Other Information**
  - A. Petitioner/Joint Petitioner A Gross **monthly** income \$ \_\_\_\_\_ Employer \_\_\_\_\_
  - B. Respondent/Joint Petitioner B Gross **monthly** income \$ \_\_\_\_\_ Employer \_\_\_\_\_
  - C. Parties have \_\_\_\_\_ children subject to the child support standard.
  - D. Health insurance for the children.
    - 1) A comprehensive private health insurance policy is not available to either parent at a reasonable cost and/or neither parent's income is currently more than 150% of the federal poverty level.
    - 2) \_\_\_\_\_ provides health insurance at the cost of \$ \_\_\_\_\_ per \_\_\_\_\_.
2. This agreement is based on the following:
  - A. A child who was living with \_\_\_\_\_ is now living with \_\_\_\_\_.
  - B. A child is no longer eligible for child support because the child has reached age 18, or is over 18 but under 19, and is no longer pursuing a course of education leading to a high school diploma or its equivalent.
  - C. One of the parties has or will be moving to a different residence.
  - D. There was not a placement schedule.
  - E. The availability or cost of health insurance has changed.
  - F. Employment or work shift of \_\_\_\_\_  both parties has changed.
  - G. Income or wages of \_\_\_\_\_  both parties has changed.
  - H. The party to whom maintenance is owed has remarried.
  - I. Other: \_\_\_\_\_

See attached

In 1.A and B, complete the gross income (before taxes) for both parties.
In C, enter number of children under 18, and under 19 and pursuing a course of education leading to a high school diploma or its equivalent.
In D, check 1 or 2 to indicate if private health insurance is available. If 2, indicate who provides the insurance and how much it costs.
In 2, check all that apply in A-I. If 1, enter the change in circumstance that has prompted you to make this agreement.

If you are modifying financial orders, check 1. Complete all sections you are changing in 1A-1E.

If you are changing child support, check 1.A. In 1, enter the current child support order and check a or b. If b, check 1 or 2 and complete as required.

In 2, check the calculation that applies to the specifics of this case after considering the gross income of the parties, other payment obligations of the parties, and physical placement of the children.

In 4a, enter support amount based on this calculation, frequency of payment and which party is paying. Check a or b.

If 4b, check 1 or 2. If 2, explain and indicate the new child support amount based on the deviation.

If b, enter the amount of the order, the frequency of the payment, and indicate which parent will be making the payments.

In 1, enter the current order by indicating the current support amount, the frequency of payment, and the name of party who currently pays or owes the money.

In 2, indicate the month, day and year the new payment should begin and what you have agreed to change the support amount by checking a or b.

If you are changing any category in B-E, check the amount type of support you are changing.

**AGREEMENTS:**

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

1. **MODIFY CURRENT FINANCIAL ORDER(S)**

A. **Child Support**

1) is **currently**  held open (\$0)  \$ \_\_\_\_\_  \_\_\_\_\_ % per \_\_\_\_\_.

The amount is paid by \_\_\_\_\_ to \_\_\_\_\_.

This child support order

a. did not deviate from the designated percentage or applicable formula for any reason.

b. did deviate from designated percentage or applicable formula when it was set because:

1. The cost of health insurance paid by \_\_\_\_\_.

2. Other reasons as follows: \_\_\_\_\_.

2) shall be **changed** to a new amount that is based on the gross income above and the following standard child support calculation:

Indicate Number of Children and designated percentage:	Check any that apply:
<input type="checkbox"/> 17% for one child.	<input type="checkbox"/> *split-placement formula.
<input type="checkbox"/> 25% for two children.	<input type="checkbox"/> *shared-placement formula.
<input type="checkbox"/> 29% for three children.	<input type="checkbox"/> **serial-family parent formula.
<input type="checkbox"/> 31% for four children.	<input type="checkbox"/> low-income payer formula.
<input type="checkbox"/> 34% for five or more children.	<input type="checkbox"/> high-income payer formula.

**\*Shared-placement or Split-placement:**

Describe or attach the placement percentage of time with each parent.

See attached

**\*\*Serial-family parent:**

Describe or attach the calculation. \_\_\_\_\_

3) Based on this calculation, the support order in this case would be \$ \_\_\_\_\_ per \_\_\_\_\_ and paid by \_\_\_\_\_ to \_\_\_\_\_.

See attached

4) We agree to

a. set support based on this calculation beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

b. deviate from the amount of support calculated above because:

1. a cash medical contribution toward the cost of medical and health expenses  increases  decreases this child support amount by \$ \_\_\_\_\_ per \_\_\_\_\_.

2. Other: [Explain the reason you agree support should be different than the standard amount] \_\_\_\_\_

This other deviation  increases  decreases the standard amount by \$ \_\_\_\_\_.

After calculating the deviation(s), we agree to set child support to \$ \_\_\_\_\_ per \_\_\_\_\_ and paid by \_\_\_\_\_ to \_\_\_\_\_ beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

B. **Maintenance**

1) is **currently**  \$0  \$ \_\_\_\_\_  \_\_\_\_\_ % per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

2) shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

a. \$0.

b. \$ \_\_\_\_\_  \_\_\_\_\_ % per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

C. **Family Support** (applies to existing family support orders only)

1) is **currently**  \$ \_\_\_\_\_  \_\_\_\_\_ % per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

Arrears owed to the State cannot be modified without written approval of the Child Support Agency.  
  
Examples of types of arrears include Child Support, Child Support Interest, Maintenance, Family Support, Medical Support, and Health Care Expenses.

The law requires that all child support, maintenance, and family support payments be made to the WI SCTF and NOT directly between the parties.

If B. check 1 or 2. If 2, enter employer information.

In 3. describe the other financial agreements in as much detail as possible. Include amounts, dates, names, etc.

In 4. if you are requesting changes to physical placement, check A and enter the names of the children for whom you have agreed to changes. Check 1, 2, 3, or 4, enter the parents' names as requested and enter or attach the new placement schedule. If making a change to terms of placement related to supervision, check 5 and complete all relevant information.

2) shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

a. \$0.

b. \$\_\_\_\_\_ per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

D. **Arrears Payment**

1) is **currently**  \$\_\_\_\_\_  \_\_\_\_\_% per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

2) shall be **changed** to the following beginning [Date] \_\_\_\_\_, 20\_\_\_\_\_.

\$\_\_\_\_\_  \_\_\_\_\_% per \_\_\_\_\_ and paid by [Name] \_\_\_\_\_.

E. **Other Arrears Balance**

1) For [type(s) of arrears] \_\_\_\_\_ that is currently

a. \$0.

b. \$\_\_\_\_\_ owed by [Name] \_\_\_\_\_ to \_\_\_\_\_.

2) Shall be **changed** to the following beginning \_\_\_\_\_, 20\_\_\_\_\_.

a. \$0.

b. \$\_\_\_\_\_.

2. **PAYMENTS SHALL BE MADE**

A. no payments are ordered.

B. to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200

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

2) by income assignment from the payer's employer as indicated below:

Employer name \_\_\_\_\_

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

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

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

3. **OTHER FINANCIAL CHANGES AS FOLLOWS:**

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

4. **MODIFY PHYSICAL PLACEMENT AND/OR LEGAL CUSTODY**

A. **Physical Placement Order(s)** (time with children) for the following children:

1) from primary physical placement with [Name of Parent] \_\_\_\_\_

to primary placement with [Name of Parent] \_\_\_\_\_.

If one parent is awarded placement for less than 25% of the time, more placement time with the parent is not in the child's best interest for the following reasons:

2) from shared placement to primary placement with [Name of Parent] \_\_\_\_\_.

If one parent is awarded placement for less than 25% of the time, more placement time with the parent is not in the child's best interest for the following reasons:

3) from primary placement to shared placement.

4) from the current shared placement schedule (if any) to a new shared placement schedule.

The new placement schedule for the changes in 1-4 above is as follows: \_\_\_\_\_

**See attached**

5) to require placement with [Name of Parent] \_\_\_\_\_  
be  supervised.  unsupervised.

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

If other, check 6 and enter the specific information.  
If you are requesting changes to legal custody, check B and enter the names of the children for whom you have agreed to changes. Check 1, 2, or 3 and enter the requested information. If you are modifying anything else, check and complete 4.  
In 5, check if hearing can be removed for the courts calendar.

6) Other: \_\_\_\_\_  See attached

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

1) to joint legal custody with both parents.

2) to sole legal custody with (Name of Parent) \_\_\_\_\_

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 Wis. Stat. § 767.41(7m).

3) Other: \_\_\_\_\_  See attached

4) **Additional changes** as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  See attached

5. The court hearing scheduled for [Date] \_\_\_\_\_, 20\_\_\_\_ can be removed from the court's calendar.

Petitioner/Joint Petitioner A must sign, print name and enter the date on which document was signed.  
**NOTE:** This signature does not need to be notarized.

▶ \_\_\_\_\_  
Petitioner/Joint Petitioner A  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No. (if any)

Respondent/Joint Petitioner B must sign, print name and enter the date on which document was signed.  
**NOTE:** This signature does not need to be notarized.

▶ \_\_\_\_\_  
Respondent/Joint Petitioner B  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No. (if any)

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 his/her approval. If not, mark not required.

**State of Wisconsin, Child Support Agency**

- Approved
- Not Approved
- Not Required

▶ \_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Name Printed or Typed  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address Telephone Number  
\_\_\_\_\_  
Date State Bar No. (if any)

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

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.

Check box if a lawyer mediator helped to complete this form.

**Guardian ad Litem**

- Approved
- Not Approved
- Not Required (No GAL has been appointed)

▶ \_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

This document was prepared with the assistance of a lawyer acting as mediator.

**PARTIES MUST INCLUDE A PROPOSED ORDER THAT WILL ONLY BECOME ENFORCEABLE IF SIGNED BY A CIRCUIT COURT JUDGE OR CIRCUIT COURT COMMISSIONER.**

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT, <u>MANITOWOC</u> COUNTY</b>		
Mark marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____		
Enter the name, address, and daytime phone number of the petitioner/joint petitioner A from the original case file.	<b>Petitioner/Joint Petitioner A</b>		
On the far right, mark the box for the change(s) you are requesting and enter the original case number.	Name (First, Middle and Last) _____	<div style="text-align: right;"><b>Order on Stipulation to Change</b></div> <input type="checkbox"/> Legal Custody <input type="checkbox"/> Physical Placement <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance <input type="checkbox"/> Family Support <input type="checkbox"/> Arrears Payment/Balances <input type="checkbox"/> Other: _____  Case No. _____	
	Current Mailing Address _____		
	City _____ State _____ Zip _____ Daytime phone number _____		
	and		
Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file.	<b>Respondent/Joint Petitioner B</b>		
	Name (First, Middle and Last) _____		
	Current Mailing Address _____		
	City _____ State _____ Zip _____ Daytime phone number _____		
Mark if the State of WI is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.		

**THE COURT ADOPTS AS FINDINGS THE FACTS SET FORTH IN THE STIPULATION DATED \_\_\_\_\_.**

**For Court Use Only.  
To be used with FA-604A.**

**THE COURT FURTHER FINDS:**  
 Deviation from the child support percentage standards meets the requirements of §767.511(1n), Wis. Stats.

**THE COURT ORDERS:**

- A. The stipulation is **approved**.
1. The previous judgment or order is amended accordingly.
  2. All provisions of the previous judgment or order not amended by this Order remain in full effect.

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

3. Whenever private, accessible and reasonably-priced health insurance becomes available to either parent at a reasonable cost, that parent shall enroll the child(ren) as covered dependents under his/her health insurance, 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.
4. Both parties shall notify the Clerk of Courts, the Child Support Agency, and the other party in writing within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support Order. Any party may file moving papers to change this Order.
5. If the child support order includes more than one child, child support does not automatically adjust when a child reaches the age of majority and is no longer eligible for child support.

B. The stipulation is **denied** because \_\_\_\_\_.

C. The court hearing scheduled for [Date] \_\_\_\_\_, 20\_\_\_\_ is removed from the court's calendar.

If this Order modified legal custody or physical placement in any way, you are informed that:

1. Each parent must notify the other parent, the child support agency, and the clerk of courts of the address at which they may be served within 10 business days of moving to that address. The address may be a street or post office address.
2. The address provided to the court is the address on which the other parties may rely for service of any motion relating to modification of legal custody or physical placement or to relocating the child's residence.
3. A parent granted periods of physical placement with the child must obtain a court order before relocating with the child 100 miles or more from the other parent if the other parent also has court-ordered periods of physical placement with the child.