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| Enter the name of the county in which the original case was filed. | **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| Mark marriage or paternity. If paternity, enter initials of child. | In RE: The [ ]  marriage [ ]  paternity of        |
| Enter the name, address, and daytime phone number of the petitioner/joint petitioner A from the original case file. | **Petitioner/Joint Petitioner A**      Name (First, Middle and Last)      Current Mailing Address                        City State Zip Daytime phone numberand |
| On the far right, mark the box for the change(s) you are requesting and enter the original case number. | Order on Stipulation to Change[ ]  Legal Custody[ ]  Physical Placement[ ]  Child Support[ ]  Maintenance[ ]  Family Support[ ]  Arrears Payment/Balances[ ]  Other:       Case No.        |
| Enter the name, address, and daytime phone number of the respondent/joint petitioner B from the original case file. | **Respondent/Joint Petitioner 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) [ ]  **is** [ ]  **is not** a party to this action. |

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

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|  | **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. |
|  |  | 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. |
|  | **[ ]** B. | The stipulation is **denied** because       |
|  | **[ ]** C. | The court hearing scheduled for [Date]       , 20      is removed from the court's calendar. |
|  |  |  | **BY THE COURT:** |
| **For Court Use Only.** |  |  |  Circuit Court Judge/Circuit Court Commissioner      Title (Print or Type Name if not eSigned)      Date |