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Decision & Order on Motion or OTSC to: Change of Custody, Placement, or Other

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Petitioner/Joint Petitioner A: _____

Respondent/Joint Petitioner B: _____

Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
Check 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 or joint petitioner A from the original case file.	Petitioner/Joint Petitioner A	Decision and Order on Motion or Order to Show Cause to Change
On the far right, mark the box for the change(s) you requested and enter the original case number.	Name (First, Middle and Last) _____	
	Current Mailing Address _____	
	City _____ State _____ Zip _____ Daytime phone number _____	
	-VS-	<input type="checkbox"/> Legal Custody <input type="checkbox"/> Physical Placement <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance <input type="checkbox"/> Arrears Payment <input type="checkbox"/> Other: _____
Enter the name, address, and daytime phone number of the respondent or joint petitioner B from the original case file.	Respondent/Joint Petitioner B	Case No. _____
	Name (First, Middle and Last) _____	
	Current Mailing Address _____	
	City _____ State _____ Zip _____ Daytime phone number _____	
Check if the State of Wisconsin 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.	

STOP!

Do not complete the remainder of this form unless required by the court official who is hearing this case.

HEARING

Enter the name of the court official who held the hearing and the address and date [month, day, year] on which it was held.

A hearing was conducted in this matter as follows:

1. Before _____
Circuit Court Judge/Circuit Court Commissioner
2. Location _____
3. Date _____ Time _____ ☐ a.m. ☐ p.m.

APPEARANCES

Check one box from 1 and check A or B.
If B, enter the name of the attorney.

1. **Former Petitioner/Joint Petitioner A**

- ☐ appeared **in person** ☐ appeared **by phone** ☐ **did not appear** **AND**
☐ A. was self-represented.
☐ B. was represented by Attorney _____.

Check one box from 2 and check A or B.
If B, enter the name of the attorney.

2. **Former Respondent/Joint Petitioner B**

- ☐ appeared **in person** ☐ appeared **by phone** ☐ **did not appear** **AND**
☐ A. was self-represented.
☐ B. was represented by Attorney _____.

In 3, check A, B, C, or D.
If B, C, or D, enter the name of the individual who appeared.

3. Others appearing at the hearing:

- ☐ A. None.
☐ B. Child Support Agency by _____.
☐ C. Guardian ad Litem (GAL) _____.
☐ D. Other: _____.

FINDINGS and ORDER

Based on the findings and reasons stated,

IT IS ORDERED:

In 1, check A, B, or C.
Check A if the court denied the request to change the order.

Check B if the judge ordered the parties to do certain things before he/she makes a decision.

If B, check all that apply and complete the corresponding information as necessary.

1. The Motion or Order to Show Cause is

- ☐ A. **DENIED** because no substantial change in circumstance was found. The current order remains in effect.
- ☐ B. **DEFERRED** to collect more information. Before making a final decision the court orders the following:
- ☐ 1) The parties attend mediation with _____
- ☐ a. no payment is required.
- ☐ b. Petitioner/Joint Petitioner A to pay \$ _____ towards the mediation fee by _____.
- ☐ c. Respondent/Joint Petitioner B to pay \$ _____ towards the mediation fee by _____.
- ☐ 2) Attorney _____ be appointed as GAL and
- ☐ a. no payment is required.
- ☐ b. Petitioner/Joint Petitioner A pay \$ _____ towards the GAL fee by _____.
- ☐ c. Respondent/Joint Petitioner B to pay \$ _____ towards the GAL fee by _____.
- ☐ 3) A physical placement study be conducted by _____.
- ☐ a. no payment is required.
- ☐ b. Petitioner/Joint Petitioner A to pay \$ _____ towards the study fee by _____.
- ☐ c. Respondent/Joint Petitioner B to pay \$ _____ towards the study fee by _____.
- ☐ 4) Other: _____

☐ C. **GRANTED** as follows:

- ☐ 1) **Physical Placement Order(s)** (time with children) for the following minor children: _____
- ☐ a. from primary physical placement with [Name of Parent] _____ to primary placement with (Name of Parent) _____.
- ☐ b. from shared placement to primary placement with [Name of Parent] _____.

Check C, if the judge ordered changes to the current court order.

If 1, enter the children's names and check all that apply in a-g, and complete the corresponding

information as was ordered
by the court.

If 2, enter the children's
names and check all that
apply in a-c.

Check a, b, c, or d.

If b, enter who will provide
insurance, the out of pocket
cost for such insurance, and
the amount the other party
will contribute.

If c, indicate who will be
responsible for providing
public health insurance and
whether the children are
enrolled or need to need to
be enrolled.

Also, check 1 or 2. If 2,
indicate the cost for such

☐ c. from primary placement to shared placement.

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

The new placement schedule for the changes in a-d above is as follows:

☐ See attached

☐ e. if either parent is receiving less than 25% placement with the
minor child(ren), the specific reasons more placement with that
parent is not in the child(ren)'s best interest is as follows:

☐ f. to require placement with [Name of Parent] _____
be ☐ supervised. ☐ unsupervised.

☐ g. Other: _____

☐ See attached

☐ 2) **Legal Custody** (decision making) for the following children:

☐ a. to joint legal custody with both parents.

☐ b. to sole legal custody with [Name of Parent] _____

☐ c. Other: _____

☐ See attached

☐ 3) **Medical Insurance and Payments. 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 understand 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

☐ a. both parties. They shall provide private health insurance and
neither parent is required to make a cash contribution to the
other.

☐ 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 4.b. of Child Support and Financial
Expenses below.

☐ c. A comprehensive private health insurance policy is not available
to either parent at a reasonable cost. The ☐ Petitioner/Joint
Petitioner A ☐ Respondent/Joint Petitioner B ☐ has enrolled
in ☐ shall promptly apply for Public Health Insurance.

☐ 1. There is no out of pocket expense for the above Public
Health Insurance.

insurance and the amount the other party will contribute.

If d, check which party has income below 150% of the federal poverty level.

☐ 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 4.b. of Child Support and Financial Expenses below. 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 his/her health insurance.

☐ d. ☐ Petitioner/Joint Petitioner A ☐ Respondent/Joint Petitioner B does not have 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 his/her health insurance.

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 his/her employment and the availability of insurance.

☐ 4) Change the financial orders as follows:

☐ a. **Child Support** to the following new amount that is based on gross income and the following standard child support calculation:

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

b. **Child Support Order and Basis for any Deviation**

1. Based on the above standard calculation, amount payable by _____ to _____ per _____ in the amount of \$_____

2. The court orders a deviation from that amount of child support.

A. A medical cash contribution from above in **1.C.3.b. or 1.C.3.c.2.** above ☐ increases ☐ decreases this child support amount by _____ (If no deviation, enter "0" or "None") \$_____

B. A deviation is based on: (Explain the reasons for any other deviation here) _____ and this ☐ increases ☐ decreases this child support amount by _____ (If no deviation, enter "0" or "None") \$_____

Check 4 if changing financial orders.
Check a if changing child support and 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 b1, enter the payer's name, recipient's name, payment frequency (weekly, bi-weekly, monthly, bi-monthly) and guideline amount.

In b.2.A., enter the medical deviation from above 1.C.3.b or c. Enter "0" if none. Check if this amount increases or decreases this child support.

In b.2.B, enter the other deviations or "0" if none.

In C, enter the date payments begin and determine the net child support amount after adding or subtracting the deviations from the amount in 2A.

In c-g, if applicable, enter how the court ordered the payments to be made.

In h, enter any other financial orders.

In 5, enter any non-financial orders.

In 6, check a or b. If b, enter the date and time of the review hearing, the judge who will preside, and the room number where the hearing will take place.

C. Beginning [Date] _____, the amount payable _____ to _____ per _____ is _____ (If no child support is to be paid, enter "0" or "Held Open") \$ _____

- ☐ c. **Maintenance** to \$ _____ per _____ beginning _____, 20____.
- ☐ d. **Arrears payment** to \$ _____ per _____ beginning _____, 20____.
- ☐ e. **Arrears balance** is set in the WI SCTF KIDS computer system at \$ _____ as of _____, 20____.
- ☐ f. **Arrears Interest** balance is set in the WI SCTF KIDS computer system at \$ _____ as of _____, 20____.
- g. **Payments shall be made**
- ☐ 1. no payments are ordered.
- ☐ 2. beginning on _____, 20____ to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200
- ☐ a. directly from the payer to WI SCTF (**only allowable if self-employed**).
- ☐ b. by income assignment from the payer's employer indicated below:
- Employer name _____
- Address of payroll office _____
- City _____ State _____ Zip _____
- Phone _____ Fax _____
- ☐ h. Other **financial** order(s): _____

☐ **See attached**

- ☐ 5) Other **non-financial** order(s): _____

☐ **See attached**

- 6) **A future hearing**
- ☐ a. is NOT required.
- ☐ b. is set for [Date] _____ Time _____ ☐ am. ☐ pm. before _____, 20____ in Room # _____.
- 7) Both parties shall notify the Clerk of Courts and the local Child Support Agency 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.
- 8) If this order modified legal custody or physical placement in any way, you are informed that:
- a. 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.
- b. 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.

- c. 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.
- 9) If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Courts within the time period established by local court rule.

FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT AND MAY RESULT IN A JAIL SENTENCE.

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

When you submit this order to the court, you must send copies to the other party(s). The other party(s) has up to 5 business days to object to the accuracy of this order.