

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
Enter the name, address, and daytime phone number of the petitioner or 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 number
On the far right, mark the box for the change(s) you requested and enter the original case number.	Temporary Deployment Custody and/or Placement Order
Enter the name, address, and daytime phone number of the respondent or 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
Check 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.

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 attorney's name.

1. **Petitioner/Joint Petitioner A**
 appeared in person by phone by video
 did not appear **AND**
 A. was self-represented.

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

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

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

B. was represented by Attorney _____.

2. **Respondent/Joint Petitioner B**

appeared in person by phone by video

did not appear **AND**

A. was self-represented.

B. was represented by Attorney _____.

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 C if the judge granted the motion. Check 1 if temporary legal custody ordered and enter the legal custody rights of each party.

Enter the judge's decision on how custody disputes will be resolved.

Check 2 if temporary physical placement ordered and enter placement schedule for each party.

Enter how placement disputes will be resolved if a dispute arises.
Check box and attach additional page if more space is necessary.

Check 3 if deploying parent will have specific types of contact with the children while deployed.
Enter contact deployed parent will have with the children when deployed and any assistance that will be provided by the other parent or a nonparent.

Check 4 and enter judge's order as to who is to pay costs of contact between deployed parent and children.

Check 5 and enter judge's order for placement deployed parent with have with children when on leave.

1. The Motion is

A. **DENIED**. The current Order remains in effect.

B. **GRANTED** as follows:

1) Temporary legal custody of the minor child(ren) shall be:

Deploying parent _____

Other parent _____

Nonparent _____

If a dispute arises as to any custodial decisions, they shall be resolved as follows: _____

2) Temporary physical placement of the minor child(ren) shall be:

Deploying parent _____

Other parent _____

Nonparent _____

If physical placement is granted to one or more individuals and visitation to other individuals, any disputes that may arise will be resolved as follows:

See attached

3) The deploying parent shall have the following types of contact with the minor child(ren) as follows:

Type of contact _____

Frequency _____

Duration _____

Assistance to be provided by other parent _____

Assistance to be provided by nonparent _____

4) Any costs associated with the deploying parent's contact shall be paid as follows:

5) The contact the deploying parent shall have with the child(ren) while on leave from the deployment shall be as follows:

Enter visitation rights of any other nonparent.

6) Visitation rights of any other nonparent: _____

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 payer's and recipient's name, payment frequency (weekly/bi-weekly/ monthly/bi-monthly) guideline amount.

In b1, enter any medical deviation or "0" if none and check if the amount should increase or decrease the guideline amount.

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

In c, enter the date the payment shall begin and determine the net child support amount after adding or subtracting the deviations from the amount in 2.a.

In 3, check a or b.
 If b, check 1 or 2. If 2, enter the employer information.

Check A, B or C.

7) **CHILD SUPPORT AND FINANCIAL EXPENSES**

1. The standard child support calculation, based on gross income, that applies to this case is:

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.

2. Child Support Order and Basis for any Deviation.

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

b. The parties agree to deviate from that amount of child support.

1) A medical cash contribution \$_____ increases decreases this child support amount by _____ (If no deviation, enter "0" or "None")

2) A deviation is based on: \$_____ (Explain reasons for any other deviation here) _____

and this increases decreases this child support amount by _____ (If no deviation, enter "0" or "None")

c. Beginning [Date] _____, 20____ the amount payable by _____ to _____ per _____ is \$_____ (If no child support is to be paid, enter "0" or "Held Open")

3. **Payments for Child Support and/or Maintenance 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 _____

8) This Order is temporary and will terminate as follows:

- A. If deployment is for less than 6 months, the temporary order terminates immediately after the deploying parent returns. If deployment is for 6 months or more, the temporary agreement terminates 30 days after the deploying parent returns.
- B. on [Date] _____.
- C. on a date ordered by the Court.

9) Other temporary changes: _____