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| **STATE OF WISCONSIN, CIRCUIT COURT,       COUNTY** |  |
|  **Petitioner/Joint Petitioner A**      **Respondent/Joint Petitioner B**       |  [ ]  Amended **Interim Financial Summary** **to Child Support Agency**Case No.       IV-D Case No.(s):        |
|  |
| Hearing Date:       Court Official: [Name]        |
|  |  |  |  |  |
| Petitioner/Joint Petitioner A’s Name:       Birth Date:        |
| Address: |       |       |       |       |
|  | Street | City | State | Zip |
|  |  |  |  |  |
| Respondent/Joint Petitioner B’s Name:       Birth Date:        |
| Address: |       |       |       |       |
|  | Street | City | State | Zip |
|  |
| **Child(ren):** (Provide Name and Birth Date) |  |  |  |
| Child’s Name | Birth date |  | Child’s Name | Birth Date |
|       |       |  |       |       |
|       |       |  |       |       |
|  |
| Person who will RECEIVE payments: (Check one) | [ ]  Petitioner/Joint Petitioner A | [ ]  Respondent/ Joint Petitioner B | [ ]  Other:        |
|  [ ]  Payments received by WI to be sent to other state: (Specify)        |
| Person who will MAKE payments: (Check one) | [ ]  Petitioner/Joint Petitioner A [ ]  Respondent/Joint Petitioner B |
| Payor’s employer: Name: |       |  Phone:  |       |
|  Address: |                         |  Fax:  |       |
|  |  Street |  City State Zip |  |  |
| [ ]  By income assignment |
| [ ]  Payor to send payments to: WI SCTF, Box 74200, Milwaukee, WI 53274-0200 |
| [ ]  1. Child Support | $      per |       effective |        | [ ]  Per continuing order |
| [ ]  2. Maintenance | $      per |       effective |        | [ ]  Per continuing order |
|  |  |  | terminates        |
| [ ]  3. Health insurance premium | $      per |       effective |        | [ ]  Per continuing order |
| [ ]  4. Repay birth exp. of  | $      @ | $      per |       effective |        | [ ]  Per continuing order |
| [ ]  5. Repay       costs of | $      @ | $      per |       effective |        | [ ]  Per continuing order |
| [ ]  6. Other:       of | $      @ | $      per |       effective |        | [ ]  Per continuing order |
| **[ ]** 7.Total arrearages owed: |  |  |  |  |
|  | [ ]  Child Support | $      as of: |       ; | Payable $       | per        | effective        |
|  | [ ]  Maintenance/Sec. 71 | $      as of: |       ; | Payable $       | per        | effective        |
|  | [ ]  Other | $      as of: |       ; | Payable $       | per        | effective        |
| [ ]  8. Health ins: [Check one] [ ]  BOTH PARENTS [ ]  Petitioner/Joint Petitioner A [ ]  Respondent/Joint Petitioner B |
|  | to provide if/when available at reasonable cost [ ]  NO ORDER [ ]  NOT AVAILABLE |
|  | Employer providing insurance if different than above: [Name, Address, Phone and Fax]        |
| [ ]  9. | Uninsured medical expense: [Specify] [ ]  Parents split evenly [ ]  Other:        |
| [ ]  10. | Tax exemption: [ ]  CP [ ]  NCP [ ]  NCP if current [ ]  Even years [ ]  Odd years [ ]  Other:        |
| [ ]  11. | Other: [Specify]        |
|  |  |
| Form prepared by: [Name]       Date:       Daytime Phone:        |
|  |
| Distribution: 1. Court
2. Child Support Agency
 |  |  |  |  |