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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 | | | | | | |
|  | | | | |  | | | | | | |  |  | | | | | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | |  | | | | | |  | | |  | | | | | | |  | | | | |