

Petitioner/Joint Petitioner A: \_\_\_\_\_

Respondent/Joint Petitioner B: \_\_\_\_\_

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Petitioner/Joint Petitioner A

Amended

**Interim Financial Summary  
to Child Support Agency**

Respondent/Joint Petitioner B

Case No. \_\_\_\_\_

IV-D Case No.(s): \_\_\_\_\_

Hearing Date: \_\_\_\_\_

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)

<u>Child's Name</u>	<u>Birth date</u>	<u>Child's Name</u>	<u>Birth Date</u>
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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  Family Support \$\_\_\_\_\_ per \_\_\_\_\_ effective \_\_\_\_\_  Per continuing order  
 2. Maintenance  Section 71 \$\_\_\_\_\_ 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 \_\_\_\_\_

Family 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: \_\_\_\_\_

Court Official: [Name] \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION:

1. Court
2. Child Support Agency