Fixed Sum Support Order for Shared Placement Payors

Case No. _____

The petitioner/respondent payor is to pay a fixed sum of $_____ per _____. This fixed sum is based on the DWD child support standard for a parent with _____ % placement time with minor child/ren. IF ANOTHER FORMULA IS USED, PLEASE STATE THE FORMULA IN FULL, INCLUDING THE GROSS INCOME FOR EACH PARTY AND THE PERCENTAGE OF TIME THAT EACH PARENT HAS WITH THE CHILDREN, AND ATTACH IT TO THIS FORM ON A SEPARATE SHEET. **The first payment will be due on the first Monday after this order is made unless directed otherwise by the court. All payments should be made payable to "WI. SCTF" (Wisconsin Support Collections Trust Fund). Payors should send payments to WI. SCTF. Box 74200, Milwaukee, WI 53274-0200. All payments must include either the KIDS system payment coupon, payor's KIDS personal identification number (PIN), or payor's social security number. It is the responsibility of the payor to make sure this amount is paid when due, whether or not an Income Withholding Order is filed with payor's employer. The dollar amount, now established at $_____ per _____, is the amount to be paid until changed, as provided herein.**

To insure that an amount is being paid which is in compliance annually with the DWD standard as established by this Order for child support, both parents are to provide the other and the Dodge County Child Support Agency with complete information concerning income for the previous calendar year, including all W-2's, 1099's and state and federal tax returns, at least two weeks prior to the review date, which is the _____ day of _____ each year, commencing _____, 20___. This will not affect the obligation of payor under §767.58 of the Statutes.

If the payor has been paying the dollar amount ordered and the payments are timely, no arrearage or overpayment will accrue. No annual adjustment will be made in the amount of child support being paid unless a written request to do so is received from either party by the Dodge County Family Court Commissioner or the parties stipulate to an adjustment. The request for adjustment must be made within 30 days after the review date or no adjustment will be made for that year by the Family Court Commissioner. Failure to request a review within 30 days of the review date or move for contempt for failure to provide tax information constitutes a waiver of the review for that year. Upon timely receipt of a written request for an adjustment from either party, the Family Court Commissioner will schedule a hearing in order to receive evidence and determine if an adjustment in child support should be made and the amount of the adjustment for the coming year. Any adjustment will commence with the payment due the first Monday after the review date. If the payor fails to provide information concerning payor's income, the Family Court Commissioner may make its determination on the basis of information submitted by the other parent and the DWD formula applied herein. If a child support arrearage accrues, the payor shall pay toward that arrearage an extra $10.00 per week, or a fixed amount approximating 10% of the current support obligation if that is greater.

If the child support payment record shows either an arrearage or an overpayment, payments under this Order may be changed either by agreement of the parties or by the Family Court Commissioner which will eliminate the arrearage or overpayment. However, under no circumstances are payments to cease altogether in the case of overpayment without agreement of both parties and the Family Court Commissioner. Nothing herein will limit the right of either party to move the court for relief based on a change of circumstances. A change of circumstances may include, but is not limited to, a layoff, disability, change of employer or promotion, a child attaining age of majority or a transfer of the child(ren) to the payor. However, this must be accomplished by application to the circuit court in the customary manner, and relief cannot be granted retroactively. The motion must be timely filed.

Effective date: _____, 20_____

Mother's Employer:_____ **Father's Employer:**_____

Location:_____ **Location:**_____

Up-dated 7/09/09