

3. **(Complete only if changing financial provisions in sections 1 or 2.)**

The payer's employer(s)/source(s) of income assignment is/are:

Name	Telephone Number
Address/City/State/Zip	
Name	Telephone Number
Address/City/State/Zip	

4. Additional financial provisions are as follows: See ____ attached pages.

5. **(Complete only if changing legal custody.)**

Legal custody of the following named child(ren) shall be changed as follows: See ____ attached pages.

6. **(Complete only if changing periods of physical placement.)**

Periods of physical placement of the following named child(ren) shall be changed as follows:

See ____ attached pages.

7. Additional non-financial provisions including commencement date(s) are as follows:

See ____ attached pages.

Signature of Mother
Date
Daytime Telephone Number (Including Area Code) ()
Address of Mother

Signature of Father
Date
Daytime Telephone Number (Including Area Code) ()
Address of Father

Signature of Attorney, if any	
Name of Attorney Printed or Typed	
Date	Telephone Number ()

Signature of Attorney, if any	
Name of Attorney Printed or Typed	
Date	Telephone Number ()

Child Support Agency Action:

- Approved
- Not approved because: _____
- Not required

Signature of Child Support Agency Representative

Date

THE COURT ORDERS:

1. This stipulation is approved and the judgment is amended accordingly.
2. All provisions of the previous judgment not amended by this order remain in full effect.

Distribution:

1. Court Original
2. Child Support Agency (if necessary)
3. Family Court Commissioner
3. Petitioner/Petitioner's Attorney
4. Respondent/Respondent's Attorney

BY THE COURT:

Signature of Circuit Judge/Court Commissioner

Name Printed or Typed

Date