

DIRECT PAYMENTS

Any direct payment is contrary to Wisconsin Statute 767.57(1) which requires all payments to be made to the Department of Workforce Development or its designee which is the Wisconsin Support Collections Trust Fund (WISCTF). All payments should be sent the WISCTF, P O Box 74200, Milwaukee, WI 53274-0200.

If you have made payments directly to a custodial parent and wish to receive credit, both parties must complete and sign the attached "Request for Credit of Direct Child Support Payments" and "Stipulation to Adjust Child Support Services/KIDS Accounting Record" in front of a notary.

Any overpayment due as a result of this direct payment will be paid out of the current child support payments at a minimum rate of \$25.00 per month.

Return both of these completed and notarized documents to the Portage County Child Support Services, 817 Whiting Avenue, DHHS/Ruth Gilfry Building, Stevens Point, WI 54481. Delivery in person will expedite the process.

Child Support Services will then prepare an Order Approving Stipulation to be forwarded to the Family Court Commissioner along with the Stipulation for approval and filing with the Courts. You will receive a courtesy copy of the filed Order by mail. Any future request for copies should be directed to the Clerk of Court.

If the Portage County Child Support Agency objects to the credit requested, you will receive a court notice in the mail indicating the date of time of a court hearing.

REQUEST FOR CREDIT OF DIRECT CHILD SUPPORT PAYMENT

Date: _____

Court Case No: 49 _____

IV-D# _____

Custodial Parent Name: _____

Non-custodial Parent Name: _____

I, _____, have received \$ _____
in direct child support payments from _____
for the month(s) of: _____.

Please credit the KIDS accounting record accordingly. I understand that Wis. Stats. 767.57(1) requires that all child support payments be paid through the Wisconsin Support Collections Trust Fund (WISCTF). I further understand Portage County Child Support Services does not advocate direct payments. Each of the undersigned has signed freely, voluntarily, and knowingly, and in support of adjusting the child support record to account for and reflect the direct payment stated above.

CUSTODIAL PARENT (PLEASE PRINT)

NON-CUSTODIAL PARENT (PLEASE PRINT)

CUSTODIAL PARENT SIGNATURE

NON-CUSTODIAL PARENT SIGNATURE

Date: _____

Date: _____

Subscribed and sworn to before me on

this _____ day of _____

Subscribed and sworn to before me on

this _____ day of _____

Notary Public, State of Wisconsin
My commission expire: _____

Notary Public, State of Wisconsin
My commission expires: _____

THIS REQUEST MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC AND RETURNED TO THE PORTAGE COUNTY CHILD SUPPORT SERVICES, 817 WHITING AVENUE, STEVENS POINT, WI 54481.

STATE OF WISCONSIN

CIRCUIT COURT

PORTAGE COUNTY

IN RE THE _____ OF:

STIPULATION TO ADJUST CHILD SUPPORT SERVICES / KIDS ACCOUNTING RECORD

PETITIONER

VS

CASE NO: 49 _____

RESPONDENT

IV-D #(S): _____

STIPULATION

The undersigned parties stipulate and agree:

1. To have Portage County Child Support Services adjust the Child Support Services / KIDS Accounting Record to account for and reflect the direct payment received directly to me, _____, from _____ in the amount of \$ _____ as of _____, 20_____.
2. In the event the paying parent has a credit or overpayment in his/her child support obligation, he/she shall be reimbursed at a minimum rate of \$25.00 per month or an amount sufficient to ensure payment under this order at a periodic rate not to exceed 50% of the amount of support due under the order.
3. That the parties signed the attached notarized statement freely, voluntarily, and knowingly and in support of this Stipulation.
4. All prior orders in this action not in conflict herewith shall remain in full force and effect.
5. The Court may enter an order on the foregoing terms without hearing or further notice.

CUSTODIAL PARENT (PLEASE PRINT)

NON-CUSTODIAL PARENT (PLEASE PRINT)

CUSTODIAL PARENT SIGNATURE

NON-CUSTODIAL PARENT SIGNATURE

Date: _____

Date: _____

Subscribed and sworn before me
this _____ day of _____.

Subscribed and sworn before me
this _____ day of _____.

Notary Public, State of Wisconsin
My commission expires: _____

Notary Public, State of Wisconsin
My commission expires: _____