

STATE OF WISCONSIN, CIRCUIT COURT, MONROE COUNTY

Amended

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FILED

Petitioner:
JENNIFER H.S. McKINNEY
Respondent:
ISRAEL R. McKINNEY

**Interim Financial Summary
to Child Support Agency**

APR 20 2012

Case No. 12-FA-108
IVD Case No.(s): _____

Clerk of Circuit Court
MONROE COUNTY WISCONSIN

Hearing Date: 4/19/12

Mother's Name: Jennifer H.S. McKinney Birth Date: 7/13/77

Address: (mail) _____ WI 54601
Street City State Zip

Father's Name: Israel R. McKinney Birth Date: 7/9/76

Address: _____ MN 56308
Street City State Zip

Child(ren): (Provide Name and Birth Date)

Child's Name	Birth Date	Child's Name	Birth Date
<u>K. McKinney</u>	<u>12/16/04</u>	<u>S. McKinney</u>	<u>10/29/08</u>
<u>C. McKinney</u>	<u>8/1/06</u>	<u>L. McKinney</u>	<u>8/2/10</u>
<u>M. McKinney</u>	<u>10/19/07</u>		

Person who will RECEIVE payments: (check one) Mother Father Other: _____
Person who will MAKE payments: (check one) Mother Father
Payor's employer: Name: Donnelly Custom Mfg. Phone: 320-762-2396
Address: 105 Donovan Drive Alexandria MN 56308 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 \$ 816.08 per month effective 4/19/12 per continuing order
(first biweekly payment of \$376.65 due 4/26/12)
- 2. Maintenance Section 71 \$ _____ per _____ effective _____ per continuing order
terminates _____
- 3. Health insurance premium \$ _____ per _____ effective _____ per continuing order
- 4. Repay birth expenses 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/Sect 71 \$ _____ as of: _____; Payable \$ _____ per _____ effective _____
 - Other: _____ \$ _____ as of: _____; Payable \$ _____ per _____ effective _____
- 8. Health insurance: (CHECK ONE) Both Parents Mother Father 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. Other: (Specify) _____

Form prepared by: (Name) Attorney Ann I. Brandau Date: 4/19/12 Daytime phone: 608-784-2050
Court Official: (Name) FCC Richard J. Heitman Date: 4/19/12

- DISTRIBUTION:
1. Original: Court
 2. Child Support Agency