

SSN: _____
Address: _____
Petitioner

INTERIM DISBURSEMENT ORDER

Case No. _____

SSN: _____
Address: _____
Respondent

Pursuant to a hearing held on _____:

IT IS ORDERED that Petitioner / Respondent (circle one) shall pay, and the child support agency shall disburse payments, through the WI Support Collection Trust Fund, Milwaukee, WI, as follows:

Debt type	Amount or Percent	Frequency	Begin Date	End Date or Condition	Payee Name/address
Child Support					
Family Support					
Maintenance					
Past Child Support					
Lying-in Costs					
Blood Test					
Bureau of Vital Stats.					
Payment on arrears					
Other					

For income withholding: Employer name and Address:

Support ordered for:
children's names and dates of birth: _____

This order is subject to modifications if it conflicts with the complete Findings of Fact, Conclusions of Law and Judgment or Final Order filed in this case.

Dated: _____

BY THE COURT

Court Official