

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Party's Name

\_\_\_\_\_  
Other Party's Address

Case No.: \_\_\_\_\_  
Case Number

Dear \_\_\_\_\_,  
Other Party's Name

I am required to send this copy to you under Waukesha County Local Family Court Rule 3.2. If you have an objection, you have **five (5) business days** to put your objection in writing and send it to the court, the Waukesha County Child Support Agency, and me.

If the court and the child support agency do not receive your objection within those five (5) business days and the child support agency finds my request to be accurate, it will modify the termination date of income assignment for current child support. The child support agency will then send a confirming letter of its review to the court with a copy to you.

For more information, please visit <http://courtsselfhelp.waukeshacounty.gov>, contact your attorney, or contact the Waukesha County Self-Help Center at (262) 548-7524.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Enclosure: Request to Modify Termination Date of Income Assignment for Child Support  
Supporting documentation from child's school

CC:  Waukesha County Family Court  
 Waukesha County Child Support Agency