



## FAMILY COURT SERVICES

Dane County Courthouse  
215 S. Hamilton St  
Madison, WI 53703  
608.266.4607  
Fax 608.266.6588

### REQUEST FOR JUDICIAL REVIEW OF FCS FEE DECISION

Your Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of other parent: \_\_\_\_\_

Based on our combined households' income, FCS has set the total fee at \$ \_\_\_\_\_.

I am required to pay \$ \_\_\_\_\_.

The date I was informed of this decision was: \_\_\_\_\_.

I object to the total payment tier that has been determined.

I object to the amount I am required to pay.

I object to the allocation of the payment between myself and the other parent.

I request the matter be reviewed by the Family Court Commissioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Any party may seek a review of the FCS fee determination by making a written request to the Family Court Commissioner within 15 days of being notified of their responsibility for payment.

In order for this request to be considered, you must attach a complete Financial Disclosure Statement, copies of your 3 most recent pay stubs from employment or verification of other income, and a copy of your most recent tax return. If you are remarried, you must also attach copies of pay stubs and the most recent tax return for your spouse. You must also attach a copy of the Application to Set and/or Waive Fees that was submitted to FCS along with the letter setting the fees.

The completed documentation may be mailed or faxed to: Commissioner Fremgen, 215 South Hamilton Street, Room 2000, Madison, WI 53703 or faxed to 608-266-6509.