

**Request to Modify Child Support Due to
Reconciliation
or
Proper Deviation from the MCSF**

Return this form to:
Friend of the Court
PO Box 351
Grand Rapids, MI 49501-0351

Or fax: (616) 632-6882
Or scan and email:
foc.mail@kentcountymi.gov

Your name: _____
Case no.: _____
Social Security no.: _____
Address: _____

Email: _____
Tel. no.: _____

Your Friend of the Court (FOC) case manager may be able to help you modify your support order in two situations. The first is when you and the other parent are reconciled and living together, and the other is when there is proper deviation from the Michigan Child Support Formula Manual (MCSF). Both situations are described below.¹

A. Reconciliation

Both parents must be residing together in the same home. If public assistance (Medicaid, cash, food assistance, childcare) is being received for the child(ren), DHS records must show that both parents reside in the same home.

If this is your situation, you and the other parent must both sign and date this form below, and include copies of your picture ID or have this form notarized.

Mother's signature

Father's signature

Date: _____

Date: _____

¹ Otherwise, either party is entitled by law to request the FOC Support Review Department to conduct a review every three years, or when a substantial change of circumstances is shown (if the Support Review Department denies the request to review on the basis of a change of circumstances, you can file a motion with the Court to request one).

B. Deviation from the MCSF

As is true for everyone, the FOC is required by law to follow the MCSF when calculating child support. Deviation is allowed only when it can be shown that applying the formula would lead to an *unjust* or *inappropriate* result. Deviations cannot be based solely on disagreement with the formula. If you believe that your situation warrants a deviation from the formula, you may indicate your reasons below and the amount of support that you think is appropriate. You and the other party must both agree to the deviation, sign and date this form below, and include copies of your picture ID or have this form notarized. If your case manager determines your situation qualifies, (s)he will follow-up with you for more information. If not, you may still file a motion with the Court. More information about deviation may be found in section 1.04(E) of the MCSF at:

<http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Manuals/focb/2017MCSF.pdf>

Reasons why applying the formula is unjust or inappropriate:

The appropriate amount of support is: \$_____ per month.

Mother's signature

Father's signature

Date: _____

Date: _____