

**Form FOC 10 / 52
and Form FOC 89**

**UNIFORM CHILD SUPPORT ORDER
AND ORDER REGARDING
CUSTODY AND PARENTING TIME**

Use this form if:

- you had a hearing on your Motion Regarding Custody (form FOC 87) and both you and the other party (and a third party) agree to sign the order without another hearing; or
- you had a hearing on your Motion Regarding Custody (form FOC 87) and the other party (and a third party) will not sign the order; or
- you and the other party (and a third party) have agreed on the custody, parenting time, and support and want the court to sign your proposed order without having to file a motion and attend a hearing on the motion.

ORDER CHECKLIST

Use the following checklist to make sure you have done all the steps that are needed.

DID YOU . . .

1. Fill out all requested information on the form? YES ☐
2. Make all necessary copies? YES ☐
3. Get the judge's signature? (NOTE: See pages 3-5 for details) YES ☐
4. Return to the clerk's office with **all** copies of the signed order? YES ☐
5. Make sure the clerk stamps all copies of the signed order? YES ☐
6. Keep one copy of the signed order for yourself? YES ☐
7. Mail (serve) a copy of the order on the other party and on any other custodian/guardian after it was stamped by the clerk? YES ☐
8. Give two copies of the completed form to the clerk of the court? YES ☐

If you cannot answer "yes" to all the above steps, you do not have a valid order.

By using this form packet you are representing yourself in a court action regarding custody, parenting time, and support. In order to receive the action you seek, you must follow the instructions in this packet. If you fail to do even one of the required steps, the order you get from the court may not give you the custody you want. **Note:** Regardless of the custody you ask for, the court is required to use the Child Custody Act in deciding what custody should be. If you filed the motion form FOC 87, you are responsible for preparing the order even if it is not what you asked for.

If you have any questions about the steps in the process, refer to pages 3 through 5 of this booklet for details.

What instructions are in this packet:

Pages 3 and 4 - Instructions for getting a stipulated (mutually agreed upon) order signed.

Page 5 - Instructions for getting an order signed after a hearing.

INSTRUCTIONS FOR GETTING A STIPULATED (MUTALLY AGREED UPON) ORDER SIGNED (when both parties have signed the order without a hearing)

»» SIGNING AND FILING OF ORDER

NOTE: A hearing on a stipulated order is not necessary unless the judge requests it.

1. Fill out the order form.

Use the instructions on page 6. Be careful not to make mistakes.

Make at least five copies of the form after you have filled it out.

2. Approval by friend of the court.

In some courts the order has to be approved by the friend of the court before the judge will sign it. Contact the friend of the court office and ask if the order must be approved by the friend of the court. Then complete either step a or b below.

- a. If the order must be approved by the friend of the court, go to the friend of the court office with the original and five copies of the order. Leave the order with the office. Someone from the office should tell you when to come back for the order or should call you when the order has been approved. If you do not hear from the office within 5 days, contact the office to find out when to pick up the order. Go back and pick up the order. Then complete step 3 below.
- b. If the order does not need to be approved by the friend of the court, complete step 3 below.

3. Get the order to the judge and get signed copies.

Since the other party or third party has signed the order, contact the clerk of the court for instructions to get the order signed by the judge. Listen carefully to all the instructions for getting the order signed. Every circuit has a different way of handling the signing of orders. Ask how to get at least four copies of the order after it is signed by the judge.

»» SERVING THE ORDER ON THE OTHER PARTY OR PARTIES

1. Serve the signed order on the other party.

The other party must be served with (notified of) one copy of the signed order.

NOTE: Serve the papers by mailing them to the other party by first-class mail.

What you need for service:

One copy of FOC 10 / 52 and 89 - for the other party

Two copies of FOC 10 / 52 and 89 - for proof of service

Any additional copies of FOC 10 / 52 and 89 - for other custodian or guardian if there is someone other than the other parent who has care or custody of the child(ren)

Mail one copy to the other party. If there is a custodian or guardian, mail one copy to that person. Then fill out the Certificate of Mailing on the front of the remaining three copies. Keep one copy for your own records.

2. Return to the county clerk.

Once you have mailed the order and filled out the Certificate of Mailing on the remaining three copies, return to the county clerk's office with two copies. Remember to keep one copy for your own records. The clerk will deliver one copy to the friend of the court.

INSTRUCTIONS FOR GETTING THE ORDER SIGNED AFTER A HEARING

» » SIGNING AND FILING OF AN ORDER

1. Fill out the order form.

Normally you will fill out the order at the hearing on the motion. Use the instructions on page 6. Be careful not to make mistakes.

Make copies of the form based on the instructions on either page 3 of this booklet or in booklets for forms FOC 53 or FOC 54 depending on your situation.

2. Approval by friend of the court.

In some courts the order has to be approved by the friend of the court before the judge will sign it. Contact the friend of the court office and ask if the order must be approved by the friend of the court. Then complete either step a or b below.

- a. If the order must be approved by the friend of the court, go to the friend of the court office with the original and five copies of the order. Leave the order with the office. Someone from the office should tell you when to come back for the order or should call you when the order has been approved. If you do not hear from the office within 5 days, contact the office to find out when to pick up the order. Go back and pick up the order. Then complete step 3 below.
- b. If the order does not need to be approved by the friend of the court, complete step 3 below.

3. Get the order signed by the judge.

After you have filled out the order, you must have it signed by the judge. **If both you and the other party sign the order to show you both approve the order, then go to pages 3 and 4 of this booklet for further instructions on getting the order signed by the judge.** Otherwise you must do either of the following:

- a. Schedule and attend a hearing to get the order signed.
(Use the packet for form FOC 53, Notice of Hearing to Enter Order.)
- b. Notify the other party in writing that the order will be given to the judge to sign and that he or she has 7 days to file any written objections. If no objections are filed by the other party, the order can be signed.
(Use the packet for form FOC 54, Notice to Enter Order without Hearing.)

**INSTRUCTIONS FOR COMPLETING "ORDER REGARDING CUSTODY AND PARENTING TIME"
AND "UNIFORM CHILD SUPPORT ORDER"**

Please print neatly. After filling in the form, you will need to make copies. Items A through E and form FOC 10/52 must be completed before the order can be given to the judge for signature. Please read the instruction for each item. Then fill in the correct information for that item on the form.

A Before you fill in the Case No., get your copy of the Motion (form FOC 87) or your court papers for custody, divorce, annulment, separate maintenance, family support, or paternity. Copy the Case No. from that paper onto this form.

B Also use your court papers to fill in the "Plaintiff" and "Defendant" boxes, and if applicable, the "Third party" box. Copy the names from these court papers onto all pages of this form. For example, if your name is in the box that says "plaintiff," then you should write your name in the "plaintiff" box on this order form.

C Fill in this information only if there was a hearing on a Motion Regarding Custody.

D If you filed a Motion Regarding Custody (form FOC 87) and the other party will not sign the order, a hearing to enter the order is required. Check the box "after hearing."

If you filed a Motion Regarding Custody (form FOC 87) and the other party will sign the order without a hearing to enter the order, check the box "on consent of the parties."

If you and the other party are filling out this order based on an agreement between both of you and you are not filing a motion with the court, check the box "on consent/stipulation of the parties." Even if you have checked this box, the court may still require a hearing. If a hearing is required, follow the directions on scheduling a hearing in the booklet for form FOC 53, Notice of Hearing to Enter Order.

E Check the box for item 2 only if you filed a Motion Regarding Custody (form FOC 87). Check the box for item 3 only if the other party filed a Response to Motion Regarding Custody (form FOC 88). Use the following instructions for items 4 through 16.

Check only those boxes that say what the judge or referee ordered at the hearing on the motion. Then write in the blank spaces provided what the judge or referee ordered at the hearing. This information must state as closely as possible the exact words of the judge or referee. Use the notes you took at the hearing when filling out this part of the order form.

If you did not check item 2, you and the other party are stipulating to the order. This means that you both have agreed on what you want the court to order and have not filed a motion. Since there may not be a hearing, you must write in as much detail as possible exactly what you agree on. Make sure you include everything you agreed on. Anything that you do not write down on this form will not be ordered even if you and the other party had agreed on it. If the parties agreed to parenting time in a foreign country/nation that is not a party to the Hague Convention, check item 16, then write the names of the parent and the foreign country/nation.

Complete FOC 10/52 using the instructions for that form. Note that the most recent support order supersedes all prior orders regarding support and that all continuing support provisions must be restated in the most recent order.

If you filed a motion (form FOC 87) and the other party has agreed to sign the order without a hearing to enter the order, both you and the other party must sign the order. If the other party will not sign the order without a hearing to enter the order, follow the directions on scheduling a hearing in the booklet for form FOC 53, Notice of Hearing to Enter Order. If you and the other party are stipulating to the order, you both must sign the order.

Some courts require the friend of the court to approve the order before the judge will sign it. To find out if this is required, contact the friend of the court office. If it is required, see either page 3 or 5 of this booklet for directions on getting the friend of the court's approval. To find out how to get the order signed, contact the friend of the court office for instructions. See either page 3 or 5 of this booklet for details. On the date you serve a copy on the other party, write in the date and sign your name on the remaining three copies.

Return to the county clerk with two copies.

You must read this booklet and other booklets dealing with orders for directions on the legal process.

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****ORDER REGARDING CUSTODY AND
PARENTING TIME (PAGE 1)****(A) CASE NO.**

Court address

Court telephone no.

(B) Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

Third party's name, address, and telephone no.

(C)

Date: _____

Judge: _____

Bar no.

- (D)**
1. This order is entered
- ☐
- after hearing.
- ☐
- on consent/stipulation of the parties.

THE COURT FINDS:

- (E)**
- ☐
2. A motion requesting custody, parenting time, and support or a change to custody, parenting time, and support was filed.
-
- ☐
3. A response to the motion was filed.
-
- ☐
4. A change of circumstances
- ☐
- does
- ☐
- does not exist that warrants a custody order or a change in custody.
-
- ☐
5. Proper cause
- ☐
- does
- ☐
- does not exist that warrants a custody order or a change in custody.
-
- ☐
6. It
- ☐
- is
- ☐
- is not in the best interests of the child(ren) to
- ☐
- establish
- ☐
- change parenting time.
-
- ☐
7. A material change of circumstances exists that warrants a change in the support order.
-
- ☐
8. It is in the best interests of the child(ren) to dismiss the motion.

IT IS ORDERED:

- ☐
9. The motion regarding custody, parenting time, and support is dismissed. The prior order remains in effect.
-
- ☐
10. Custody is granted as follows:

Name(s) of child(ren): _____

- ☐
- Joint legal to
- ☐
- plaintiff.
- ☐
- defendant.
- ☐
- third party.

Unless otherwise agreed, a parent whose custody or parenting time of a child is governed by this order shall not change the legal residence of the child except in compliance with MCL 722.31.

- ☐
- Joint physical to
- ☐
- plaintiff.
- ☐
- defendant.
- ☐
- third party.

- ☐
- Sole legal to
- ☐
- plaintiff.
- ☐
- defendant.
- ☐
- third party.

- ☐
- Sole physical to
- ☐
- plaintiff.
- ☐
- defendant.
- ☐
- third party.

11. Parenting time is
- ☐
- established
- ☐
- changed as follows:

Explain in detail what the court has ordered.

12. The parents shall cooperate with respect to a child so as, in a maximum degree, to advance a child's health, emotional, and physical well-being and to give and afford a child the affection of both parents and a sense of security. Neither parent will, directly or indirectly, influence a child so as to prejudice a child against the other parent. The parents will endeavor to guide a child so as to promote the affectionate relationship between a child and the mother and a child and the father. The parties will cooperate with each other in carrying out the provisions of this order for a child's best interests. Whenever it seems necessary to adjust, vary, or increase the time allotted to either party, or otherwise take action regarding a child, each of the parties shall act in the best interests of the child. Neither party shall do anything which may estrange the other from the child, injure the child's opinion of the other party, or which will hamper the free and natural development of the child for the other party.
-
13. The parent with primary physical custody shall notify the friend of the court in writing whenever the address of a minor child changes. The domicile of the minor child may not be moved from the State of Michigan without prior approval of the court.
-
- ☐
14. The Uniform Child Support Order is incorporated by reference (form FOC 10/52).

(See page 2 for the remainder of the order.)

Approved, SCAO

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**ORDER REGARDING CUSTODY AND
PARENTING TIME (PAGE 2)**

A

CASE NO.

Court address

Court telephone no.

B

Plaintiff's name

v

Defendant's name

15. Except as provided in item 16, neither parent shall exercise parenting time in a foreign country/nation that is not a party to the Hague Convention on the Civil Aspects of International Child Abduction.

☐ 16. Based on written agreement of the parties, _____ may exercise
Name
parenting time in _____, which is not a party to the Hague Convention on the
Name of foreign country/nation
Civil Aspects of International Child Abduction.

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Plaintiff's attorney

Date

Defendant's attorney

Date

Prepared by:

Name (type or print)

Date

Judge

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature

COURT USE ONLY

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

UNIFORM CHILD SUPPORT ORDER (PAGE 1)

☐ **EX PARTE** ☐ **TEMPORARY**
☐ **MODIFICATION** ☐ **FINAL**

CASE NO.

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Plaintiff's attorney name, bar no., address, and telephone no.

Defendant's attorney name, bar no., address, and telephone no.

Plaintiff's source of income name, address, and telephone no.

Defendant's source of income name, address, and telephone no.

This order is entered ☐ after hearing. ☐ after statutory review. ☐ on stipulation/consent of the parties.☐ The friend of the court recommends child support be ordered as follows.☐ If you disagree with this recommendation, you must file a written objection with _____ on or before **21 days** from the date this order is mailed. If you do not object, this proposed order will be presented to the court for entry.☐ Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.**IT IS ORDERED**, unless otherwise ordered in item 12 or 13: ☐ Standard provisions have been modified (see item 12 or 13):**1. The children who are supported under this order and the payer and payee are:**

Payer:		Payee:	
Children's names, birthdates, and annual overnights with payer:			
Children's names	Date of birth	Overnights	

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
SS benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$

☐ Support was reduced because payer's income was reduced.

(Continued on page 2.)

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

UNIFORM CHILD SUPPORT ORDER (PAGE 2)

☐ EX PARTE ☐ TEMPORARY
☐ MODIFICATION ☐ FINAL

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

1. **Item 1** (continued).

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18. The child-care obligation for each child ends August 31 following the child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses.

- ☐ **Post-majority Support:** The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age: (Specify name of child and date obligation ends.)

2. **Insurance.** For the benefit of the children, the ☐ plaintiff ☐ defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
☐ up to a maximum of \$ _____ for plaintiff. ☐ up to a maximum of \$ _____ for defendant.
☐ not to exceed 5% of the plaintiff's/defendant's gross income.
3. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 13.
4. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.
5. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge may be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.
6. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.
7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

(Continued on page 3.)

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

UNIFORM CHILD SUPPORT ORDER (PAGE 3)

☐ EX PARTE☐ TEMPORARY☐ MODIFICATION☐ FINAL

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

8. **Redirection and Abatement.** Subject to statutory procedures, the friend of the court : 1) may redirect support paid for a child to the person who is legally responsible for that child, or 2) shall abate support charges for a child who resides on a full-time basis with the payer of support.
9. **Fees.** The payer of support shall pay statutory and service fees as required by law.
10. **Review.** Each party to a support order may submit a written request to have the friend of the court review the order. The friend of the court is not required to act on more than one request received from a party each 36 months. A party may also file a motion to modify this support order.
11. **Prior Orders.** This order supersedes all prior child support orders and all continuing provisions are restated in this order. Past-due amounts owed under any prior support order in this case are preserved and paid at the rate calculated using the arrearage guideline in the Michigan Child Support Formula.
- ☐ 12. **Michigan Child Support Formula Deviation.** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.
- ☐ 13. **Other:** (Attach separate sheets as needed.)

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Plaintiff's attorney

Date

Defendant's attorney

Date

Prepared by:

Name (type or print)

Date

Judge

Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. ☐ I certify that I also served the Deviation Addendum (FOC 10d) with this order.

Date

Signature

COURT USE ONLY

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****UNIFORM CHILD SUPPORT ORDER,
NO FRIEND OF COURT SERVICES (PAGE 1)**
☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ FINAL**CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Plaintiff's attorney name, bar no., address, and telephone no.

Defendant's attorney name, bar no., address, and telephone no.

Plaintiff's source of income name, address, and telephone no.

Defendant's source of income name, address, and telephone no.

This order is entered ☐ after hearing. ☐ on stipulation/consent of the parties.

An order exempting this case from friend of the court services was entered on _____.

(NOTE: If there is no order exempting this case from friend of the court services, form FOC 10/52 must be used.)

IT IS ORDERED, unless otherwise ordered in item 8 or 9: ☐ Standard provisions have been modified (see item 8 or 9).**1. The children who are supported under this order and the payer and payee are:**

Payer:	Payee:	
Children's names, birthdates, and annual overnights with payer:		
Children's names	Date of birth	Overnights

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
SS benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support was reduced because payer's income was reduced.					

(Continued on page 2.)

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTYUNIFORM CHILD SUPPORT ORDER,
NO FRIEND OF COURT SERVICES (PAGE 2)
☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ FINAL

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

1. **Item 1** (continued).

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18. The child-care obligation for each child ends August 31 following the child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses.

- ☐ **Post-majority Support:** The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age: (Specify name of child and date obligation ends.)

2. **Insurance.** For the benefit of the children, the ☐ plaintiff ☐ defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
- ☐ up to a maximum of \$ _____ for plaintiff. ☐ up to a maximum of \$ _____ for defendant.
- ☐ not to exceed 5% of the plaintiff's/defendant's gross income.

- ☐ 3. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 9.

4. **Retroactive Modification and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.

5. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603.

6. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

7. **Prior Orders.** This order supersedes all prior child support orders and all continuing provisions are restated in this order. Past-due amounts owed under any prior support order in this case are preserved.

- ☐ 8. **Michigan Child Support Formula Deviation** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.

(Continued on page 3.)

Approved, SCAO

Original - Court
1st copy - Plaintiff

2nd copy - Defendant
3rd copy - Friend of the court

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**UNIFORM CHILD SUPPORT ORDER,
NO FRIEND OF COURT SERVICES (PAGE 3)**

☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ FINAL

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

☐ **9. Other:** (Attach separate sheets as needed.)

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Plaintiff's attorney

Date

Defendant's attorney

Date

Prepared by:

Name (type or print)

Date

Judge

Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. ☐ I certify that I also served the Deviation Addendum (FOC 10d) with the order.

Date

Signature

COURT USE ONLY

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTYUNIFORM CHILD SUPPORT ORDER
DEVIATION ADDENDUM (PAGE ____)

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

THE COURT FINDS:

1. Paragraph(s) _____ in the preceding pages of the uniform order deviate from the Michigan Child Support Formula and are warranted to avoid an unjust or inappropriate result.
(specify paragraph number)
2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
- a. The child support obligation that would be ordered by applying the Michigan Child Support Formula is:

Payer:	Payee:	
Children's names, birthdates, and annual overnights with payer:		
Children's names	Date of birth	Overnights

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust:	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
SS benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support was reduced because payer's income was reduced.					

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Insurance. For the benefit of the children, the ☐ plaintiff ☐ defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy

☐ up to a maximum of \$ _____ for plaintiff. ☐ up to a maximum of \$ _____ for defendant.

☐ not to exceed 5% of the plaintiff's/defendant's gross income.

(SEE SECOND PAGE)

Approved, SCAO

Original - Court
1st copy - Plaintiff

2nd copy - Defendant
3rd copy - Friend of the court

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**UNIFORM CHILD SUPPORT ORDER
DEVIATION ADDENDUM (PAGE ____)**

CASE NO.

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

(Item 2 continued.)

b. Applying the Michigan Child Support Formula is unjust or inappropriate because: (Specify the deviation factors relied on.)

c. The child support order deviates from the Michigan Child Support Formula as follows:

(Specify which provisions of the child support formula create an unjust or inappropriate result and explain how this order deviates from the provisions.)

d. The value of property or other support awarded instead of the payment of child support: (If not applicable, put none)

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Plaintiff's attorney

Date

Defendant's attorney

Date

Prepared by:

Name (type or print)

NOTE: When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.

Agreement to Modify Child Support

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

Case #: _____

Mother's name: _____ Phone #: _____

Social Security #: _____ Date of birth: _____

Address where you get mail _____

Email address: _____

Father's name: _____ Phone #: _____

Social Security #: _____

Date of birth: _____

Address where you get mail: _____

Email address: _____

If both parties have reached an agreement about the child support amount, Friend of the Court may be able to offer assistance to prepare a new order. Please complete this form completely and Friend of the Court will review to see if your request can be processed. This is not the form to file to opt out of the Friend of the Court. If we help you prepare a new order and that order is entered with the Court, the support will be payable through the Friend of the Court/MISDU. If you do not want Friend of the Court services &/or your support to be payable through Friend of the Court, you will need to file a motion with the court to exempt your case from Friend of the Court (you cannot opt out if you or your children are receiving any form of public assistance). The form is available at www.accesskent.com/foc

Are you or the children receiving public assistance? ☐ Yes ☐ No
If yes, what type? ☐ Medicaid ☐ Cash ☐ Food Stamps ☐ Childcare

We would like child support to be \$_____/month

Do you have any child care expenses? ☐ Yes ☐ No

If yes, how much should be added for daycare? \$_____/month

When should the new amount start? _____

How many nights each year does the child spend with: Mother: _____ Father: _____

How many other biological children under 18 (not on this case) do you have? Mother: _____ Father: _____

Which parent should be required to maintain health care coverage? ☐ Mother ☐ Father ☐ Both ☐ Neither*

Please list name(s) of child(ren) and anticipated graduation date(s): _____

*Please note that this option can only be selected in the event that the parents have reconciled and are living together or in the event that the parents' income is below 133% of the federal poverty level.

Why do you want to change the support amount? (In order for the court to enter an order that deviates from the formula, you must provide the reasons that following the formula would produce an unjust or inappropriate result.)

How do you support yourself? Note that you must provide proof of your actual income (i.e. paystubs, tax returns)

Mother:

- ☐ I work at _____ and earn \$_____ per hour and I work _____ hours per week
or
☐ I work at _____ and earn \$_____ per week/month/year
☐ I receive benefits from _____ of \$_____ per hour/week/month/year
☐ I am self-employed and earn \$_____ per hour/week/month/year
☐ I am unable to work
☐ Other _____

Father:

- ☐ I work at _____ and earn \$_____ per hour and I work _____ hours per week
or
☐ I work at _____ and earn \$_____ per week/month/year
☐ I receive benefits from _____ of \$_____ per hour/week/month/year
☐ I am self-employed and earn \$_____ per hour/week/month/year
☐ I am unable to work
☐ Other _____

Do you want to forgive the arrears owed to you (please select only one)?

- ☐ Yes, all of them
☐ Yes, I would like to forgive \$_____
☐ No, none of them

Mother's signature

Father's signature

Date

Date

****Be sure to include a copy of each party's driver's license or state identification,
or have this form notarized****