

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

MOTION REGARDING SUPPORT

(A) CASE NO.

Court address

Court telephone no.

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

Third party name, address, and telephone no. moving party

v

Defendant's name, address, and telephone no. moving party

- (C)** 1. a. On _____ a judgment
Date
or order was entered regarding support.
 b. There is currently no order regarding support.

(D) 2. The plaintiff defendant is ordered to pay support of \$ _____ each _____ .
week, month, etc.

(E) 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____ .
week, month, etc.

(F) 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____ .
week, month, etc.

(G) 5. Conditions regarding support have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

(H) 6. _____ and I have agreed to support as follows:
Name
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

(I) 7. I ask the court to order that support be paid as follows: See 6. above for details.
Use a separate sheet to explain in detail what you want the court to order and attach.

(J) _____
Date Moving party's signature

NOTICE OF HEARING

A hearing will be held on this motion before _____
Judge/Referee

(K) on _____ at _____ at _____ .
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

NOTE: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.

CERTIFICATE OF MAILING

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

(L) _____
Date Moving party's signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)	CASE NO.
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Friend of the court address	Telephone no.			
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: 1px solid black; height: 20px;">Plaintiff</td> <td style="width:5%; text-align: center; vertical-align: middle;">v</td> <td style="width:50%; border: 1px solid black; height: 20px;">Defendant</td> </tr> </table>	Plaintiff	v	Defendant	
Plaintiff	v	Defendant		

Complete this form and sign on page 4.

YOUR GENERAL INFORMATION

1. Your full name		2. Date of birth		3. Place of birth: city and state		
4. Address		City	State	Zip	5. Home telephone	6. Work telephone
7. Social security number	8. Driver's license no.	9. Professional license, type, and no.		10. Cell phone	11. E-mail address	
12. Sex <input type="checkbox"/> M <input type="checkbox"/> F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race	18. Scars, tattoos, etc.
19. Your father's full name			20. Your mother's full maiden name		Number of Overnights (Annually)	
21. Names of children in common with other parent in this case		Birthdate	Gender	Soc. sec. no.	Address	
22. Names of all additional minor children you support						
23. Are you pregnant? a. When is the child due? b. Is the other party in this case the biological parent of the expected child? 24. Are you presently married?						
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation		26. Your employer (if unemployed, name of last employer)			
27. Employer's address		City	State	Zip	28. Date hired
29. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household	
31. Hourly pay rate (including shift premium and COLA)		32. Total regular hours worked per pay period		33. Average overtime hours for past 12 months	
34. Second job			35. Employer		
36. Employer's address		City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				39. Hourly pay rate	40. Average hours worked per pay period since hire date
41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:					
Name of last full-time employer			Address of last full-time employer		
Position held at last place of full-time employment			Last day employed full-time		
Length of time employed in last full-time position			Reason for leaving last full-time employment		
Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly					

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 2)	CASE NO.
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YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

42. List MONTHLY income from all other sources, such as:

Commissions _____	Unemp. Benefits _____	Nat'l. Guard & Res. Drill Pay _____
Bonuses _____	Strike Pay _____	Armed Services _____
Profit Sharing _____	SUB Pay _____	Allowance for Rent _____
Interest _____	Sick Benefits _____	Rental Income _____
Dividends _____	Worker's Comp. _____	Spousal Support/Alimony _____
Annuities _____	Soc. Sec. Benefits _____	State Disability Assistance _____
Pensions/Longevity _____	VA Benefits _____	F I P _____
Deferred Comp./IRA _____	Disability Insurance _____	Supp. Security Income SSI _____
Trust Funds _____	GI Benefits _____	Other _____

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
 If so, complete a. b. and c. No Yes, as payer Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? Yes No

Child's Name	Amount (monthly)	Type of benefit (check one)		Source of dependent benefit (mother, father, stepparent)
		SSI	Dependent benefit	

45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
 If yes, please explain medical condition/restriction: Yes No

47. What is your educational background? (Check one)

<input type="checkbox"/> Less than high school	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Trade school graduate
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree

48. Medical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

49. Dental insurance company name, address, telephone no. Policy/Group number Beginning date, if known

50. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

51. What dependent coverage is available to you without cost? Medical Dental Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
 Medical _____ per _____ Dental _____ per _____ Optical _____ per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical (✓)	Dental (✓)	Optical (✓)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 3)	CASE NO.
YOUR CHILD-CARE INFORMATION		
54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information.		
Name of child-care provider		Names of children receiving child care
Number of weeks provided during last calendar year		Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost	Amount of child-care credit received on last year's federal I.R.S. tax return	
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.		
55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.		
<u>Reason</u>	<u>Estimated number of hours per week</u>	
<input type="checkbox"/> Work related	_____	
<input type="checkbox"/> Looking for employment	_____	
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____	
56. If your reason for child care is education related, provide the following information.		
Name of educational institution	Total classroom hours per week	Educational goal
		Projected graduation date
YOUR ADDITIONAL INFORMATION		
57. List any additional information that would be useful to the court in making a support recommendation.		

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)		
58. Full name		59. Date of birth
60. Place of birth: city and state		
61. Address	City	State
	Zip	62. Home telephone
		63. Work telephone
64. Social security number	65. Driver's license number	66. Professional license, type, and no.
		67. Cell phone
		68. E-mail address
69. Sex <input type="checkbox"/> M <input type="checkbox"/> F	70. Eye color	71. Hair color
		72. Height
		73. Weight
		74. Race
		75. Scars, tattoos, etc.
76. Father's full name		77. Mother's full maiden name
78. Names of all additional minor children he/she supports		
	Birthdate	Address

79. Is this party pregnant? a. When is the child due? b. Is the party in this case the biological parent of the expected child?		80. Is this parent married?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Occupation		82. Employer (if unemployed, name of last employer)
83. Employer's address		
	City	State
	Zip	84. Date hired
85. Gross earnings per pay period (earnings before taxes)		86. Average overtime hours for past 12 months

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 4)	CASE NO.
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INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)

87. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
88. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
89. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
90. What dependent coverage is available to the other parent without cost? <div style="text-align: center;"> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical </div>		
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
92. Individuals currently covered by other parent's insurance		
Name	Birthdate	Relationship Medical (✓) Dental (✓) Optical (✓)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you want friend of the court services, you must check the box below.

I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

Date	Signature
------	-----------

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address

Telephone no.

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.

It is your responsibility to return the completed form to the friend of the court.

Name
Name(s) and age(s) of child(ren) involved in this case

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider		Address			
City	State	Zip	County	Area code and Telephone no.	
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Name and Age of Child	Summer Season Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the agency name and amount contributed.					
The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.					
Date _____		Signature and title of provider _____			

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**RESPONSE TO
MOTION REGARDING SUPPORT**

(A) CASE NO.

Court address

Court telephone no.

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

Third party name, address, and telephone no. moving party

v

Defendant's name, address, and telephone no. moving party

- (C)** 1. a. On _____ a judgment
Date
or order was entered regarding support.
 b. There is currently no order regarding support.

(D) 2. The plaintiff defendant is ordered to pay support of \$ _____ each _____ .
week, month, etc.

(E) 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____ .
week, month, etc.

(F) 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____ .
week, month, etc.

(G) 5. I agree do not agree that conditions regarding support have changed as stated in the motion.
Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

(H) 6. I agreed with the other party to start/change support:
 a. exactly as stated in the motion.
 b. but not as stated in the motion.
If b. is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(I) 7. a. I agree with what is being asked for in the motion.
 b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J) _____
Date

Responding party's signature

CERTIFICATE OF MAILING

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

(K) _____
Date

Responding party's signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)	CASE NO.
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Friend of the court address	Telephone no.
Plaintiff	v
	Defendant

Complete this form and sign on page 4.

YOUR GENERAL INFORMATION

1. Your full name		2. Date of birth		3. Place of birth: city and state	
4. Address		City	State	Zip	5. Home telephone
				6. Work telephone	
7. Social security number		8. Driver's license no.		9. Professional license, type, and no.	
				10. Cell phone	
				11. E-mail address	
12. Sex <input type="checkbox"/> M <input type="checkbox"/> F		13. Eye color		14. Hair color	
				15. Height	
				16. Weight	
				17. Race	
				18. Scars, tattoos, etc.	
19. Your father's full name			20. Your mother's full maiden name		
			Number of Overnights (Annually)		
21. Names of children in common with other parent in this case		Birthdate	Gender	Soc. sec. no.	Address
22. Names of all additional minor children you support		Birthdate	Address		
23. Are you pregnant? a. When is the child due? b. Is the other party in this case the biological parent of the expected child?		24. Are you presently married?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation		26. Your employer (if unemployed, name of last employer)			
27. Employer's address		City	State	Zip	28. Date hired
29. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household	
31. Hourly pay rate (including shift premium and COLA)		32. Total regular hours worked per pay period		33. Average overtime hours for past 12 months	
34. Second job		35. Employer			
36. Employer's address		City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				39. Hourly pay rate	
				40. Average hours worked per pay period since hire date	
41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:					
Name of last full-time employer			Address of last full-time employer		
Position held at last place of full-time employment			Last day employed full-time		
Length of time employed in last full-time position			Reason for leaving last full-time employment		
Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly					

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 2)	CASE NO.
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YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

42. List MONTHLY income from all other sources, such as:

Commissions _____	Unemp. Benefits _____	Nat'l. Guard & Res. Drill Pay _____
Bonuses _____	Strike Pay _____	Armed Services _____
Profit Sharing _____	SUB Pay _____	Allowance for Rent _____
Interest _____	Sick Benefits _____	Rental Income _____
Dividends _____	Worker's Comp. _____	Spousal Support/Alimony _____
Annuities _____	Soc. Sec. Benefits _____	State Disability Assistance _____
Pensions/Longevity _____	VA Benefits _____	F I P _____
Deferred Comp./IRA _____	Disability Insurance _____	Supp. Security Income SSI _____
Trust Funds _____	GI Benefits _____	Other _____

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
 If so, complete a. b. and c. No Yes, as payer Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? Yes No

Child's Name	Amount (monthly)	Type of benefit (check one)		Source of dependent benefit (mother, father, stepparent)
		SSI	Dependent benefit	

45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
 If yes, please explain medical condition/restriction: Yes No

47. What is your educational background? (Check one)

<input type="checkbox"/> Less than high school	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Trade school graduate
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree

48. Medical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

49. Dental insurance company name, address, telephone no. Policy/Group number Beginning date, if known

50. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

51. What dependent coverage is available to you without cost? Medical Dental Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
 Medical _____ per _____ Dental _____ per _____ Optical _____ per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical (✓)	Dental (✓)	Optical (✓)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 3)	CASE NO.
YOUR CHILD-CARE INFORMATION		
54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information.		
Name of child-care provider		Names of children receiving child care
Number of weeks provided during last calendar year		Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost	Amount of child-care credit received on last year's federal I.R.S. tax return	
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.		
55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.		
<u>Reason</u>	<u>Estimated number of hours per week</u>	
<input type="checkbox"/> Work related	_____	
<input type="checkbox"/> Looking for employment	_____	
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____	
56. If your reason for child care is education related, provide the following information.		
Name of educational institution	Total classroom hours per week	Educational goal
		Projected graduation date
YOUR ADDITIONAL INFORMATION		
57. List any additional information that would be useful to the court in making a support recommendation.		

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)		
58. Full name		59. Date of birth
		60. Place of birth: city and state
61. Address	City	State
	Zip	62. Home telephone
		63. Work telephone
64. Social security number	65. Driver's license number	66. Professional license, type, and no.
		67. Cell phone
		68. E-mail address
69. Sex <input type="checkbox"/> M <input type="checkbox"/> F	70. Eye color	71. Hair color
		72. Height
		73. Weight
		74. Race
		75. Scars, tattoos, etc.
76. Father's full name		77. Mother's full maiden name
78. Names of all additional minor children he/she supports		Birthdate
		Address
79. Is this party pregnant? a. When is the child due? b. Is the party in this case the biological parent of the expected child?		80. Is this parent married?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Occupation		82. Employer (if unemployed, name of last employer)
83. Employer's address		City
		State
		Zip
		84. Date hired
85. Gross earnings per pay period (earnings before taxes)		86. Average overtime hours for past 12 months

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 4)	CASE NO.
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INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)

87. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
88. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
89. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
90. What dependent coverage is available to the other parent without cost? <div style="text-align: center;"> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical </div>		
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
92. Individuals currently covered by other parent's insurance		
Name	Birthdate	Relationship Medical (✓) Dental (✓) Optical (✓)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you want friend of the court services, you must check the box below.

I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

Date	Signature
------	-----------

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address

Telephone no.

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.

It is your responsibility to return the completed form to the friend of the court.

Name
Name(s) and age(s) of child(ren) involved in this case

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider		Address			
City	State	Zip	County	Area code and Telephone no.	
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Name and Age of Child	Summer Season Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the agency name and amount contributed.					
The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.					
Date _____		Signature and title of provider _____			

**MOTION REGARDING CHILD SUPPORT
SHIAWASSEE COUNTY FRIEND OF THE COURT
FORM FOC 50**

Use this Motion if:

This Motion is to be used ONLY to modify a child support obligation. “Child support obligation” means the amount that you are CHARGED each week or month and NOT the total amount you PAY. The total paid may include child support, arrearages, uninsured health care costs, and/or FOC fees.

You CANNOT file this Motion to:

- Modify an alimony obligation.
- Lower or raise arrearage payments on your child support or alimony arrearages.
- Lower or raise the total amount of income withholding order (IWN).
- Obtain an order for payment of uninsured healthcare cost.
- Lower or raise a payment on uninsured healthcare cost.
- Obtain a child support abatement credit (i.e. for having child in your care).
- Change a custody or parenting time order.
- Enforce a property settlement clause in a Judgment of Divorce.

If you wish to change something other than the child support obligation, there are forms on the Friend of the Court website (www.shiawassee.net) or you may have to consult with a private attorney. If you file a Motion and it deals with something other than changing the child support obligation, the Referee will not hold a hearing on that matter.

BE AWARE THAT A REVIEW MAY RESULT IN A DETERMINATION TO ADJUST THE SUPPORT ORDER UP, DOWN OR NO CHANGE. THE REVIEW MAY ALSO RESULT IN THE OUT OF POCKET HEALTH CARE PERCENTAGE.

MOTION CHECKLIST

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

DID YOU...READ THE INSTRUCTIONS FIRST?

1. Fill out all requested information on the Motion. YES
2. Make all the necessary copies? YES
3. Pay the Motion fee to the Circuit Court Clerk? YES
4. Mail (serve) a copy of the Motion to the other party (and Attorney if represented)? YES
5. Return to the Circuit Court Clerk's office after you mailed the Motion and completed the Certificate of Mailing? YES
6. Keep one copy of the Motion for yourself? YES
7. Give 1 copy of the completed Motion to the Circuit Court Clerk with the completed Certificate of Mailing? YES
8. Deliver 1 copy of the completed Motion to the Friend of the Court with the completed Certificate of Mailing? YES

By using this Motion packet, you are representing yourself in a Court action regarding child 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 support you want.

NOTE: Regardless of the amount of support you ask for, the Court is required to use the Child Support Calculator in deciding what support should be, unless the Court finds that using the Calculator would be unjust or inappropriate.

The Friend of the Court does NOT represent either party. The Friend of the Court is **NOT** authorized to give the parties legal advice or assist in filing of this Motion. Either party may hire an attorney during any point in the process. In preparation for the Investigation, each party is encouraged to review the MICHIGAN CHILD SUPPORT FORMULA MANUAL, which may be obtained online from the State Court Administrator's Office.

INSTRUCTIONS FOR SERVING A MOTION FILING A MOTION

FILING A MOTION

1. Fill out the Motion.

Type or print neatly, using a black or blue pen. Be careful to not make mistakes. (THIS IS A COURT DOCUMENT)

Make at least 4 copies of the Motion and all of the attachments after you have filled it out.

2. File the Motion with the County Clerk (located in the basement of the Courthouse).

Take the original and 5 copies of the Motion and all of the attachments to the Circuit Court Clerk.

You must pay a \$60.00 Clerk of the Court.

The Circuit Court Clerk will keep the original Motion and any attachments for the Court file and stamp "True Copy" on all other copies. You **MUST** provide the Friend of the Court with a true copy of your Motion and all attachments. Do not lose your remaining true copies of your Motion and the attachments.

What you should have when you leave the Clerk's office:

- 1 Copy of the Motion (with any attachments)- for you
- 1 Copy of the Motion (with any attachments)- for the other party (and Attorney if represented)
- 1 Copy of the Motion (with any attachments)-for the Judge
- 1 Copy of the Motion (with any attachments)-for the Friend of the Court

3. You must ensure that the address for both parties is the address on file with the Friend of the Court. If you fail to provide the correct address for either party your Motion may be dismissed for lack of service.

INSTRUCTIONS FOR SERVING A MOTION

SERVING THE MOTION ON THE OTHER PARTY

1. Serve the Motion on the other party.

YOU MUST SERVE (NOTIFY BY ORDINARY MAIL) the other party prior to the Friend of the Court reviewing the Motion. You may hand deliver the papers to the other party.

What you need for service:

- 1 Copy of the Motion (with any attachments)- with the completed Certificate of Mailing for you
- 1 Copy of the Motion (with any attachments)- with the completed Certificate of Mailing for the other party (and Attorney if represented)
- 1 Copy of the Motion (with any attachments)- with the completed Certificate of Mailing for the Judge
- 1 Copy of the Motion (with any attachments)- with the completed Certificate of Mailing for the Friend of the Court

Fill out the Certificate of Mailing (date and sign) on all copies of the Motion (with any attachments). Mail one copy to the other party (and Attorney if represented).

NOTE: Serve the papers by mailing them to the other party by regular, first class mail. **THE DATE ON THE CERTIFICATE OF MAILING MUST BE THE DATE YOU MAILED THE MOTION AND ATTACHMENTS TO THE OTHER PARTY (AND ATTORNEY IF REPRESENTED).**

1. Return to the Circuit Court Clerk

Once you have mailed the Motion (with any attachments) to the other party (and Attorney if represented) return to the Circuit Court Clerk's office. You will have three copies with the completed Certificate of Mailing. Give the Circuit Court Clerk one copy for the Judge. Keep 1 copy for your own records. Deliver 1 copy to the Friend of the Court. You **MUST** deliver a copy directly to the Friend of the Court office.

2. Response from the other party.

If you receive a response to your Motion from the other party make sure you read it.

You must bring with you all of the financial documents listed on the back of the Notice or your Motion may be dismissed.

INFORMATION ABOUT ATTENDING THE HEARING

1. Since you are representing yourself, you are expected to conduct yourself as an attorney would and follow the same general rules an attorney would.
2. Make a list of information you feel is important for the Referee to know. The information should relate to the reasons stated in your Motion. You can use this list as a reminder to bring up points you feel are important.
3. Go to the Friend of the Courts office on the scheduled day and time. Dress neatly. Get there 10 or 15 minutes early. **DO NOT BRING MINOR CHILDREN.**
4. Go to the Friend of the Courts office and check in. Tell the clerk your name, that you are there for a hearing, and you are representing yourself.
5. If the other party is in the room, he or she will have a chance to speak also. When the other party talks, do not interrupt the other party. After the other party speaks, you will have another chance to talk.

INSTRUCTION FOR COMPLETING “MOTION REGARDING CHILD SUPPORT”

Please print neatly. After filling in the Motion, you will need to make at least 4 copies.

Items A through I must be completed before your Motion can be filed with the Court. Please read the instruction for each of item. Then fill in the correct information for that item on the Motion.

- A. Before you fill in the Case No., get your Court papers for divorce, separate maintenance, paternity or family support and copy the Case No. from those Court papers onto this Motion form.
- B. Also use your Court paper to fill in the “Plaintiff” and the “Defendant” boxes. Copy the names from these court papers onto this Motion. For example, if your name is in the box that says “Plaintiff” on the original court document, then you should write your name in the “Plaintiff” box on this Motion form.

You are the person filing the Motion therefore the task of proving why you should be granted the requested relief lies with you.

You must ensure that the address for both parties is the address on file with the Friend of the Court and if you do not know the address you **must** verify the address with the Friend of the Court.

- C. **Check only one box.** If you have a judgment or order for child support, separate maintenance, or paternity, and health insurance coverage read it carefully to find out if there is any information in it about child support. If there is information about child support, check box a. If there is no information about child support, check box b.
- D. Check these boxes only if you check box a. in **C.** above and have a request for a change in your child support order. Read your court papers for divorce, separate maintenance, paternity or family support to find out who was ordered to pay support, child care, and health care: how much; and how often. Write this information here.
- E. Check these boxes only if you check box a. in **C.** above and have a request for a change in your medical order. Read your court papers for divorce, separate maintenance, paternity or family support to find out who was ordered to pay support, child care, and health care: how much; and how often. Write this information here.
- F. Check this box only if you checked box a. in **C.** above and conditions have changed that require a change in support. Explain in as much detail as possible what has happened. **If you need more space, use a separate sheet of paper. Print this information as neatly as you can.** You will need 4 copies of these sheets to attach to 4 copies of the Motion.
- G. You need to explain in as much detail as possible what you want the Court to order. **If you need more space, use a separate sheet of paper. Print this information as neatly as you can.** You will need 4 copies of these sheets to attach to 4 copies of the Motion. You need to state a specific amount.
- H. Check this box if you and the other party agree about custody. Explain in as much detail as possible what you agreed to including parenting time. **If you need more space, use a separate sheet of paper. Print this information as neatly as you can.** You need to explain in as much detail as possible what you want the Court to order. You need to state a specific amount. You will need 4 copies of this sheet to attach to the copies of this Motion. Write in today’s date and sign your name.

GO TO PAGE 3 & 4 FOR FILING AND SERVING INSTRUCTIONS