

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
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Court address Court telephone no.

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

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., 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:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support was reduced because payer's income was reduced.					

(Continued on page 2.)

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.

- 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: PURSUANT TO MCL 552.605b (Specify name of child and date obligation ends.)
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Child Care. 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. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

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 6% 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 Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.
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 providing the actual care, support, and maintenance of 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 DEVIATION ADDENDUM (PAGE ____)	CASE NO.
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Court address Court telephone no.

Plaintiff's name	v	Defendant's name
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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:	\$	\$	\$	\$	\$
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 6% of the plaintiff's/defendant's gross income.

(SEE SECOND PAGE)

**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.

Deviation Factors

Strict application of the formula may produce an unjust or inappropriate result in a case when any of the following situations occur:

1. The child has special needs.
2. The child has extraordinary educational expenses.
3. A parent is a minor.
4. The child's residence income is below the threshold to qualify for public assistance, and at least one parent has sufficient income to pay additional support that will raise the child's standard of living above the public assistance threshold.
5. A parent has a reduction in the income available to support a child due to extraordinary levels of jointly accumulated debt.
6. The court awards property in lieu of support for the benefit of the child (§4.03).
7. A parent is incarcerated with minimal or no income or assets.
8. A parent has incurred, or is likely to incur, extraordinary medical expenses for either that parent or a dependent.
9. A parent earns an income of a magnitude not fully taken into consideration by the formula.
10. A parent receives bonus income in varying amount or at irregular intervals.
11. Someone other than the parent can supply reasonable and appropriate health care coverage.
12. A parent provides substantially all the support for a stepchild, and the stepchild's parents earn no income and are unable to earn income.
13. A child earns an extraordinary income.
14. The court orders a parent to pay taxes, mortgage installments, home insurance premiums, telephone or utility bills, etc. before entry of a final judgment or order.
15. A parent must pay significant amounts of restitution, fines, fees, or costs associated with that parent's conviction or incarceration for a crime other than those related to failing to support children, or a crime against a child in the current case or that child's sibling, other parent, or custodian.
16. A parent makes payments to a bankruptcy plan or has debt discharged, when either significantly impacts the monies that parent has available to pay support.
17. A parent provides a substantial amount of a child's day-time care and directly contributes toward a significantly greater share of the child's costs than those reflected by the overnights used to calculate the offset for parental time.
18. A child in the custody of a third-party recipient spends a significant number of overnights with the payer that causes a significant savings in the third party's expenses.
19. The court ordered nonmodifiable spousal support paid between the parents before October 2004.
20. When a parent's share of net child care expenses exceeds 50 percent of that parent's base support obligation calculated under (§3.02) before applying the parental time offset.
21. Any other factor the court deems relevant to the best interests of a child.

Uniform Child Support Order with Deviation Instructions

Plaintiff: The person who initiated the case by filing the original court action

Defendant: The person who the case is being filed against

(Page 1)

1. Child Support:

- **Payer:** Person paying support
- **Payee:** Person receiving support
- **Effective Date:** Date the support amount will change/start
- **Children Supported:** Child Support, medical support, childcare and other charges are to be entered as a **monthly amount.**
- *** You must indicate how many overnights the minor child(ren) spends with the payer.**

(Page 2)

1. Uninsured Medical Expenses:

- You must identify the percentage that each will be responsible for covering on any uninsured medical expenses. Please look at your current order to see your previous amounts for ordinary medical. The ordinary medical support amount is \$403 per year for one child, \$807 per year for two children, \$1,210 per year for three children, \$1,614 per year for four children, and \$2,017 per year for five or more children (**Write the amount for the number of children you and the other party have together**). The ordinary medical amount includes co pays, deductibles, and prescriptions.

2. Insurance:

- Identify which person will be providing insurance coverage if it is available at a reasonable cost. You may select the standard provision which is **“not to exceed 6% of the plaintiff’s/defendant’s gross income.”** Or you may write a maximum amount the parties will be responsible to pay to provide the insurance coverage.

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12. Michigan Child Support Formula Deviation

- You must check the section if the support amounts entered **“do not”** follow the child support formula. If the Michigan Child Support Formula is not followed, complete the attached Uniform Child Support Order Deviation Addendum Form and submit it with your agreed upon Uniform Child Support Order.
If you are deviating you must fill out pages 4 & 5 of this packet.

13. Other:

- **You must specify any other provisions under this section that you wish to modify or add, and that have not been addressed previously in this order. If any arrears are being forgiven, it must be indicated under number 13.**

(Page 4)

UCSO Deviation Addendum

- **This portion of the form is where the parties list the amount of child support they are deviating from.**
- **The amount on you most recent order must be copied onto the deviation addendum on Page 4.**

(Page 5)

- **B-D must state specific reasons as to why you are deviating/changing your child support amount. A list of deviation factors is provided in this UCSO Packet.**

BOTH PARTIES MUST SIGN PAGE 3 & PAGE 5.

Submitting your Order for Approval

1. Fill out the Order.

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

Make at least 3 copies of the UCSO and all of the attachments after you have filled it out.

2. Bring the Original and the 3 copies to the Friend of the Court and submit them for approval.

What you should bring when you come to the Friend of the Court office:

1 Original of the Order (with any attachments)

1 Copy of the Order (with any attachments)- for you

1 Copy of the Order (with any attachments)- for the other party (and Attorney if represented)

1 Copy of the Order (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 any correspondence sent to you may not get to your current address.