

Form FOC 50

MOTION REGARDING SUPPORT

Use this form if:

- you have a pending case for divorce, separate maintenance, paternity, or family support; or
- you have a judgment of divorce or separate maintenance or an order of filiation but support was not included; or
- you already have support orders in your judgment of divorce or separate maintenance, your order of filiation, or your order of family support and you want the court to change support.

MOTION 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. Pay the motion fee to the clerk? YES
4. Mail (serve) a copy of the motion on the other party and on any other custodian/guardian after the judge and hearing date were assigned to your case by the clerk? YES
5. Return to the clerk's office after you mailed the motion and notice of hearing to the other party and completed the certificate of mailing? YES
6. Keep one copy of the motion and notice of hearing form for yourself? YES
7. Give two copies of the completed form to the clerk of the court? YES

If you cannot answer "yes" to all the above steps, a hearing on your motion may be delayed or your motion may be dismissed.

By using this form packet you are representing yourself in a court action regarding 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 Formula in deciding what support should be, unless the court finds that using the formula would be unjust or inappropriate.

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

INSTRUCTIONS FOR USING FORM FOC 50 FILING A MOTION AND SERVING A MOTION

»» FILING A MOTION

1. Fill out the Motion form.

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

Before filling out the “Notice of Hearing” part of the form, contact the friend of the court office to find out whom to contact about getting a hearing date. Then contact the person or office as directed by the friend of the court office. Fill in the form with the information you get about the hearing date, location of hearing, and name of the judge or referee who will be hearing the motion.

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

2. File the Motion form with the county clerk.

Take the original and five copies of the form to the county clerk in the county where your case is located.

You must pay a \$60.00 fee at the time of filing. If you can't afford to pay the fee, ask the county clerk for an Affidavit and Order, Suspension of Fees/Costs (form MC 20 not included in this packet) to fill out.

The county clerk will write the name of the judge assigned to your case on your form. The clerk will keep the original and one copy of the motion and any attachments for the court file and the friend of the court. Then the clerk will return four copies and any remaining attachments to you. Do not lose them.

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

- One copy of FOC 50 (with any attachments) - for you
- One copy of FOC 50 (with any attachments) - for other party
- One copy of FOC 50 - for proof of service to the court
- One copy of FOC 50 - for proof of service to the friend of the court

»» SERVING THE MOTION ON THE OTHER PARTY OR PARTIES

1. Serve the Motion and Notice of Hearing on the other party.

The other parent, or other party (if there is a custodian or guardian other than a parent) must be served with (notified of) the motion and hearing date at least 9 days before the hearing date.

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

What you need for service:

One copy of FOC 50 (with any attachments) - for the other party

Two copies of FOC 50 - for proof of service

Any additional copies of FOC 50 (with any attachments) - 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 with attachments to the other party. If there is a custodian or guardian, mail one copy and the attachments to them. 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 motion and notice of hearing 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 county clerk will deliver one copy to the friend of the court.

3. Response from other party.

If you receive a response to your motion from the other party, make sure you read it before you attend the hearing. Think about what you want to say on your behalf.

4. Attend the hearing.

You must attend the hearing on the motion.

»» INFORMATION ABOUT ATTENDING THE HEARING

Bring the original and five copies of the Order Regarding Support (form FOC 10/52) with you to the hearing. Also bring all supporting papers you have and any witnesses who are willing to testify.

1. Because you are representing yourself, you are expected to conduct yourself as an attorney would and to follow the same general rules an attorney would.
2. Make a list of information you think is important for the referee or judge to know. The information should relate to the reasons stated in your motion. You can use this list as a reminder to bring up the points you think are important.
3. If you think you need to order someone to attend this hearing, follow the procedure in Michigan Court Rule 2.506 or consult with an attorney.
4. Go to the judge's courtroom or referee's hearing room on the scheduled day and time. Dress neatly. Arrive 10 or 15 minutes early. Be prepared to spend most of the morning or afternoon in court. Bring any witnesses with you.

5. If you are responsible for preparing the order, bring all copies of your order form.
6. Go into the courtroom or referee hearing room and tell the referee or clerk (sitting near the judge's bench) your name, that you are there for a hearing, and you are representing yourself. Do not interrupt any hearing in progress. Then take a seat in the back of the courtroom and wait for your case to be called.
7. When your case is called, be prepared to state:
 - 1) your name.
 - 2) that you are representing yourself.
 - 3) that you need a support order or a change in a support order.
 - 4) the facts or reasons for your request (**bring papers showing your income such as pay stubs, W-2 forms, income tax forms, etc.**).
 - 5) why you believe this order would be in the best interests of the child(ren) .
 - 6) whether you have witnesses in court who are willing to testify.

Answer the judge's or referee's questions clearly and directly. If the judge or referee wants to hear from the other witnesses, ask them to tell the court what they saw or know regarding your situation.

8. If the other party is in court, he or she will have a chance to speak also. When the other party talks, take notes. Do not interrupt the other party. After the other party speaks, you will have another chance to talk. Taking notes will help you with this.
9. After the judge or referee makes a decision, follow the instructions in the packet for FOC 10/52, "Order Regarding Child Support." You are responsible for preparing the order even if you do not get what you are asking.

NOTE: If your hearing is held before a referee and you do not agree with the referee's decision, you have 21 days from the date of mailing of the referee's recommendation to file an objection and request a de novo hearing before the judge. Use the packet FOC 68, "Objection to Referee's Recommended Order."

INSTRUCTIONS FOR COMPLETING "MOTION REGARDING SUPPORT"

Please print neatly. After filling in the form, you will need to make at least five copies of the form.

Items A through K must be completed before your motion can be filed with the court. Please read the instructions 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 court papers for divorce, separate maintenance, paternity, or family support and copy the Case No. from those court papers 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 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 motion form.
- You are the "moving party." Once you have written the names where they belong, you must check the box "moving party" in the same box as your name.
- C** **Check only one box.** If you have a judgment or order for divorce, separate maintenance, paternity, or family support, read it carefully to find out if there is any information in it about support. If there is information about support, check box a. If there is no information about support, check box b.
- D - F** Check these boxes only if you checked box a. in **C** above. 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.
- G** 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 four copies of this sheet to attach to four copies of this form.
- H** Check this box if you and the other party have agreed to start support or make changes in the support. **Explain in as much detail as possible** what you have agreed on. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need four copies of this sheet to attach to copies of this form.
- I** You need to **explain in as much detail as possible** what you want the court to order. If you checked **H** above, check the box "Same as 6. above." Otherwise, write in the details. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need four copies of this sheet to attach to copies of this form.
- J** Write in today's date and sign your name. Now contact the friend of the court office in your county to find out how to get a hearing date. See page 3 of this booklet for details.
- K** Once you get a hearing scheduled, fill in the full name of the judge or referee who will be hearing this motion, the date of the hearing, the time of the hearing (include whether it is a.m. or p.m.), and the place of the hearing.
- Now go to the county clerk's office with the original and five copies of this form and the four copies of each separate sheet. The clerk will attach one copy of each separate sheet to four of the copies. The clerk will return four copies to you.
 - Read page 3 of this booklet for details on mailing this form to the other party.
- L** On the date you mail one copy (and the separate sheets) to the other party, write in the date and sign your name on the remaining three copies.
- Return to the county clerk with two copies. See page 4 of this booklet for details.

You must read this booklet for directions on the legal process.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION REGARDING SUPPORT	(A) CASE NO.
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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 Bar no.

(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	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:

(Specify name of child and date obligation ends.)

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.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 1 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
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USE NOTE: Complete this form and file it with the friend of the court (**do not file this form with the office of the clerk of the court**) when the first temporary custody, parenting-time, or support order is entered and when submitting any final proposed judgment awarding custody, parenting time, or support. Mail a copy to each party and file proof of mailing with the court (may use form MC 302, Proof of Mailing).

The information previously provided is changed is unchanged. (Complete only the fields that have changed.)

Date

Signature

Plaintiff Information

Defendant Information

Name		Name	
Address		Address	
Social security number	Telephone number	Social security number	Telephone number
E-mail address		E-mail address	
Employer name, address, telephone number, and FEIN (if known)		Employer name, address, telephone number, and FEIN (if known)	
Driver's license number and state		Driver's license number and state	
Occupational license number(s), type(s), issuing state(s), and date(s)		Occupational license number(s), type(s), issuing state(s), and date(s)	

CUSTODY PROVISIONS

sole, plaintiff = P sole, defendant = D joint = J other = O _____
(must identify)

Child's name	Social security number	Date of birth	Physical custody P, D, J, O	Child's primary residence address	Legal custody P, D, J, O

SUPPORT PROVISIONS

Support provisions are stated in the Uniform Support Order.
Medical Support provisions are stated on page 2 of this form.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 2 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
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MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other