Original - Court 2nd copy - Defendant
Approved, SCAO 1st copy - Plaintiff 3rd copy - Friend of the court

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STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SU EX PARTE MODIFICATION	PPORT ORDER (PAGI TEMPORAR) N FINAL	* I	CASE NO.
Court address			FAX no.	Court telephone no
Plaintiff's name, address, and telephone no.		Defendant's name, a	address, and telepho	one no.
Plaintiff's attorney name, bar no., address, and telephone no.		Defendant's attorne	y name, bar no., add	dress, and telephone no.
Plaintiff's source of income name, address, a	nd telephone no.	Defendant's source	of income name, ac	ddress, and telephone no.
This order is entered ☐ after hearing ☐ The friend of the court recommend ☐ If you disagree with this recommer before 21 days from the date this o	s support be ordered as ndation, you must file a v rder is mailed. If you do r	written objection with not object, this proposed		on consent of the parties on o ented to the court for entry
 Attached are the calculations pursuant IT IS ORDERED, UNLESS OTHERW The support obligation for a child confregularly attending high school for with the recipient of support or at are that the child reaches age 19 1/2. Commust notify each other of changes those expenses. 	/ISE ORDERED in item ontinues through the end ull time with the reasonal n institution, but under no hild care for a child contin	14: Standard; of the month of the later: ble expectation of gradual circumstances shall the ues through August 31 fo	1) the child's 18tl ating, as long as t support obligatio llowing that child'	he child is residing full time on continue after the montl s 12th birthday. The partie
Income withholding takes immediately otherwise ordered in item 14.	ate effect. Payments sha	all be made through the	Michigan State D	visbursement Unit unless
3. Child Support. The payer is ord	ered to pay a monthly cl	nild-support obligation a	s follows.	
Payer:	Payee:		Support ef date:	fective
Children's names and birth dates:	l		Taute.	

Payer:		Payee:	Payee:		Support effective date:				
Children's names and birth dates:									
Children supported:		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:	\$	\$	\$	\$	\$				

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

Approved, SCAO Original - Court 2nd copy - Defendant 3rd copy - Friend of the court 3rd copy - Friend of the court

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPO EX PARTE MODIFICATION	ORT ORDER (PAGE 2) TEMPORARY FINAL	CASE	E NO.
Court address			FAX no.	Court telephone no.
Plaintiff's name	v	Defendant's name		
3. Child Support (continued).				
\square Support was reduced because pay	ver's income was reduced.			
☐ Support includes a parental-time o	ffset using overnig	hts forPlaintiff	an	d overnights
for Defendant	·			
The support provisions ordered above	\Box do \Box do not	follow the child-supp	ort formula.	
4. Insurance. For the benefit of the through an insurer (as defined in MCL when that coverage is available at individual policy	552.602) that includes payme		optical, and other	
up to a maximum of \$ not to exceed 5% of the plaintiff			ım of \$	for defendant.
5. Uninsured Health-Care Expense be paid% by the plaintiff ar amount for the year they are incurred of the court. The annual ordinary responses	nd% by the defendared that are not paid within 28	nt. Uninsured expenses days of a written payme	exceeding the an	nual ordinary medical

- 6. **Qualified Medical Support Order.** This order is a qualified medical support order 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.
- 7. **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.
- 8. 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.
- 9. **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.
- 10. **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, 2) shall abate support charges for a child who resides on a full-time basis with the payer of support, or 3) shall redirect support for a child placed in foster care.
- 11. Fees. The payer of support shall pay statutory and service fees as required by law.

(See Page 3 for the remainder of the order.)

Original - Court 2nd copy - Defendant 1st copy - Plaintiff Approved, SCAO 3rd copy - Friend of the court STATE OF MICHIGAN UNIFORM CHILD SUPPORT ORDER (PAGE 3) CASE NO. JUDICIAL CIRCUIT **EXPARTE** TEMPORARY COUNTY MODIFICATION **FINAL** Court address Court telephone no. FAX no. Plaintiff's name Defendant's name 12. 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. 13. Prior Orders. Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved. Any past-due support shall be paid in the amount calculated using the Michigan Child Support Formula. ☐ 14. 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) Judge Date 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.

COURTUSE ONLY

Signature

Date