

**37th Judicial Circuit Court
Family Division
Friend of the Court**

**How to fill out the Pro Per
Packet Modification of Child
Support Orders**

Current as of 7/31/09

This presentation is designed to assist you in understanding how to fill out the green Pro Per Packet Entitled: **Modification of Child Support Orders**.

You will need to obtain the following items in order to complete this packet:

1) A copy of the green Pro Per Packet Entitled: **Modification of Child Support Orders**. This is available free of charge from the Calhoun County Friend of the Court Office or on the web at:

www.calhouncountymi.gov/Departments/FriendOfTheCourt/Forms.htm

2) A copy of your court papers from your divorce, separate maintenance, custody, paternity, support or eligible interstate case. (To determine if your case is an eligible interstate case contact the Friend of the Court Office at 269-969-6500)

The next two slides will guide you through the process of filling out the page entitled:

Motion Regarding Support

4) Write or type the date of the most recent order that addresses child support and check the box marked (A). If the most recent order does not contain a reference to support check the box marked (B).

5) If you checked box (A) look at the most recent order to determine who is ordered to pay support and any child care or health care expenses. Place the amount ordered on the appropriate line.

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

Intervening Party's name, address and telephone no. moving party

ANSWER TO MOTION

- C** 1. a. On _____ a judgment or order was entered regarding support.
Date
- 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 have changed as stated in the motion.
 Explain in detail what you disagree with and why. Include all necessary facts. Use a separate sheet of paper if needed. [] **separate sheet attached.**
- 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 not agree with. Include all necessary facts. Use a separate sheet if needed. [] **separate sheet attached.**
- 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 support to be paid as follows: If b. is checked, explain in detail why and what you want the court to order. Use a separate sheet if needed.
 separate sheet attached

I declare that the above statements are true to the best of my information, knowledge, and belief.

J _____
Date Responding Party's Signature

6) Check box (G) and state the **significant** conditions that require a change in support. Attach a separate sheet if necessary. Be as specific as possible to illustrate for the court the changes that have occurred.

7) **State in detail** what you want the court to order. If the facts you present do not convince the court that applying the Michigan Support Formula is unjust and unreasonable they must follow the formula.

8) Verify that the statements you are providing are true. Sign and date your motion.

9) Contact the Family Division Referee Assistant (969-6500) and obtain a motion hearing date.

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

Intervening Party's name, address and telephone no. moving party

Assigned Judge: Hon. _____
Assigned Referee: _____

MOTION

- C** 1. a. On _____ a judgment or order was entered regarding support.
Date
- 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: See attached sheet.
Use a separate sheet if necessary to explain in detail what has happened and attach to this motion.

H 6. I ask the court to order support consistent with the Michigan Child Support Formula.
 other (See attached sheet)
Use a separate sheet if necessary to explain in detail what you want the court to order if different than the Formula amount.

I declare that the above statements are true to the best of my information, knowledge, and belief.

I _____
Date _____
Moving Party's Signature

NOTICE OF HEARING

A hearing will be held on this motion before _____, Family Division Referee.
Name of Referee

J on _____ at _____ in hearing room # _____, Justice Center,
Date Time 161 E. Michigan Ave., Battle Creek, Michigan.

10) Write or type the name of the assigned Family Division Referee and the date and time of the hearing. Also, include the hearing room in the space provided.

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

[]

[]

Intervening Party's name, address and telephone no. moving party

[]

Assigned Judge: Hon. _____
Assigned Referee: _____

MOTION

- C** 1. a. On _____ a judgment or order was entered regarding support.
Date
- 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 _____.
- F** 4. The plaintiff defendant is ordered to pay health _____.
- G** 5. Conditions regarding support have changed as follows: []
Use a separate sheet if necessary to explain in detail what has happened and attach to _____.
- H** 6. I ask the court to order support consistent with the Michigan _____
 other (See attached sheet)
Use a separate sheet if necessary to explain in detail what you want the court to order _____.

A hearing date can be obtained by calling 969-6500.

I declare that the above statements are true to the best of my information, knowledge, and belief.

I _____
Date Moving Party's Signature

NOTICE OF HEARING

A hearing will be held on this motion before _____, Family Division Referee.
Name of Referee

J on _____ at _____ in hearing room # _____, Justice Center,
Date Time 161 E. Michigan Ave., Battle Creek, Michigan.

11) This page is used if you need more space than what is provided on page one of the motion. If you do not need more room you may discard. If you do utilize the space for additional information, make sure you sign and date this page.

Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014

Court Telephone: (269) 969-6500

B Plaintiff's name, address and telephone no. | | moving party v Defendant's name, address, and telephone no. | | moving party

[Empty box for Plaintiff's name, address and telephone no.]

[Empty box for Defendant's name, address, and telephone no.]

Intervening Party's name, address and telephone no. | | moving party

[Empty box for Intervening Party's name, address and telephone no.]

5. Continued from Page 1

6. Continued from Page 1

7. Continued from Page 1

I declare that the above statements are true to the best of my information, knowledge, and belief.

I _____
Moving Party's Signature

Date

NOTE: If you are the person receiving this motion, you should file a response. Use instructions for Answer to Motion Regarding Support. Contact the Friend of the Court and ask for pro per forms and instructions for support.

12) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM

13) Write or type the Plaintiff's name, address and telephone number.

Write or type the defendant's name, address and telephone number

14) Make copies of your motion form and attachments for yourself, for the other party, and for the Friend of the Court. Go to the Circuit Court Clerk's office in the Calhoun County Justice Center in Battle Creek with the original and a copy of all pages of this form. These must be filed with the Clerk. Payment of the appropriate fees will be expected at the time of filing.

15) On the date you mail one copy of all pages to the other party, sign and date the Proof of Service. The date that you sign the Proof of Service must be the date that you served your motion on the other

STATE OF MICHIGAN 37 TH JUDICIAL CIRCUIT CALHOUN COUNTY	MOTION REGARDING SUPPORT	CASE NO. A
Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014		Court Telephone: (269) 969-6500

B Plaintiff's name, address and telephone no. | Moving party

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

Intervening Party's name, address and telephone no. | Moving party

PROOF OF SERVICE

I CERTIFY THAT ON THIS DATE I PERSONALLY SERVED A COPY OF THIS MOTION AND NOTICE OF HEARING ON THE OTHER PARTY

I CERTIFY THAT ON THIS DATE I MAILED A COPY OF THIS MOTION AND NOTICE OF HEARING TO THE OTHER PARTY BY ORDINARY MAIL AT THE ABOVE ADDRESS.

K _____
Date

Moving Party's Signature

The next set of slides will guide you through the process of filling out the page entitled:

**Answer to Motion Regarding
Support**

**Reminder: This section is for the Responding
Party Only**

6) If box (G) was checked on the Motion Regarding Support you must place a check indicating if you agree or disagree with what is stated on the motion form.

If you check the **do not agree** box. You must explain in as much detail as possible what you disagree with. If you need more space use a separate sheet of paper and attach it to the **Answer to Motion Regarding Support** and check the box separate sheet attached.

7) If you agree with the party that filed the motion to change/start support check box (6) and either sub-heading box (a) or (b). If you have checked box (b) explain in detail what you do not agree with and use a separate sheet of paper if needed. If separate sheet is attached check the box (separate sheet attached).

Sign and date the **Answer to Motion Regarding Support**.

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY

ANSWER TO
MOTION REGARDING SUPPORT

CASE NO. A

Court Address: 161 E. Michigan Ave. Battle Creek, MI 49014 Court Telephone: (269) 969-6500

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

Intervening Party's name, address and telephone no. moving party

ANSWER TO MOTION

C a. On _____ a judgment or order was entered regarding support.
Date

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. agree do not agree that conditions have changed as stated in the motion.
Explain in detail what you disagree with and why. Include all necessary facts. Use a separate sheet of paper if needed. separate sheet attached.

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 not agree with. Include all necessary facts. Use a separate sheet if needed. separate sheet attached.

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 support to be paid as follows: If b. is checked, explain in detail why and what you want the court to order. Use a separate sheet if needed.
 separate sheet attached

I declare that the above statements are true to the best of my information, knowledge, and belief.

J _____
Date Responding Party's Signature

9) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM

10) Write or type the Plaintiff's name, address and telephone number.

Write or type the defendant's name, address and telephone number.

11) Make copies of your **Answer to Motion** form and attachments for yourself, for the other party, and for the Friend of the Court. Go to the Circuit Court Clerk's office in the Battle Creek Justice Center with the original and a copy of all pages of this form. These must be filed with the Clerk.

12) On the date you mail one copy of all pages to the other party, sign and date the Proof of Service. The date that you sign the Proof of Service must be the date that you served your motion on the other

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY

ANSWER TO
MOTION REGARDING SUPPORT

CASE NO.
A

Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014

Court Telephone: (269) 969-6500

B Plaintiff's name, address and telephone no

v

Defendant's name, address and telephone no.

Intervening Party's name, address and telephone no.

PROOF OF SERVICE

I CERTIFY THAT ON THIS DATE I PERSONALLY SERVED A COPY OF THIS MOTION AND NOTICE OF HEARING ON THE OTHER PARTY

I CERTIFY THAT ON THIS DATE I MAILED A COPY OF THIS MOTION AND NOTICE OF HEARING TO THE OTHER PARTY BY ORDINARY MAIL AT THE ABOVE ADDRESS.

K
Date

Responding party's signature

The next set of slides will guide you through the process of filling out the page entitled:
Uniform Child Support Order

1) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM

2) At the top of the order on each page you must check the box indicating that the **Uniform Support Order** is a **modification**.

3) Write or type the Plaintiff's name, address and telephone number. Write or type the defendant's name, address and telephone number.

4) Write or type the plaintiff and defendant's source of income including address and phone number.

5) Write or type the name of the Assigned Judge and Assigned Referee. Example: Hon. Gary Reed

6) If the referee ordered that support deviates from the Formula, you must check the box "standard provisions have been modified".

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

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT CALHOUN COUNTY

UNIFORM CHILD SUPPORT ORDER (PAGE 1)

EX PARTE TEMPORARY
 MODIFICATION FINAL

CASE NO.

Court address: 161 E. Michigan Ave., Battle Creek, MI 49014 FAX no. (269) 969-6564 Court telephone no. (269) 969-6500

Plaintiff's name, address, and telephone no.
 Defendant's name, address, and telephone no.

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

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

Circuit Court Judge: HONORABLE
 Probate Court Judge: HONORABLE GARY K. REED (P27878)
 Family Division Referee:
 Referee's Approval (init./date):
 Date of Referee Hearing:
 UNLESS OTHERWISE ORDERED in item 13: standard provisions have been modified (see item 13)

1. The support obligation for a child continues until that child reaches age 18. The support obligation for a child continues thereafter until that child reaches age 19 years and 6 months, as long as the child is regularly attending high school full-time with a reasonable expectation of graduating, and the child is residing full-time with the support recipient or at an institution. Child care for a child continues through August 31 following that child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the Friend of the Court if the change ends those expenses.

2. Income withholding takes immediate effect. Payments shall be made through the State Disbursement Unit unless otherwise ordered in item 13.

3. **Child Support.** The payer has a monthly child support obligation as follows:

Payer:	Payee:	Support eff. date:		
Children's names and birth dates:				
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.	\$	\$	\$	\$
SS pymt. Credit	\$	\$	\$	\$
Total	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$
Child care:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$

Support includes a parental-time offset using _____ overnights for Plaintiff and _____ overnights for Defendant.
 The above ordered support provisions do do not follow the child support formula.

(see Page 2 for remainder of order)

7) Make sure you accurately list the name of the **payer** and the **payee**.

Complete this section exactly as the referee indicated at your hearing, including the **effective date of the order**.

Enter the amount of the support obligation: **include support, health care premium adjustment or social security credit, ordinary medical obligation and child care obligation.**

If there is more than one child, their must be "tiered" support (you must enter the support obligation for when there are multiple children and as each turns 18).

You must enter the number of **overnights** for each of the parties upon which the support calculation is based. **The amounts listed must equal 365.**

If the referee ordered support that deviates from the Formula, you must check the box labeled **"do not"**. If there is no deviation check the box labeled **"do"**

STATE OF MICHIGAN 37 th JUDICIAL CIRCUIT CALHOUN COUNTY	UNIFORM CHILD SUPPORT ORDER (PAGE 1) <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: 161 E. Michigan Ave., Battle Creek, MI 49014

FAX no. (269) 969-6564 Court telephone no. (269) 969-6500

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

Circuit Court Judge: HONORABLE
Probate Court Judge: HONORABLE GARY K. REED (P27878)

Family Division Referee:

Referee's Approval (init./date): _____

Date of Referee Hearing: _____

UNLESS OTHERWISE ORDERED in item 13: standard provisions have been modified (see item 13)

- The support obligation for a child continues until that child reaches age 18. The support obligation for a child continues thereafter until that child reaches age 19 years and 6 months, as long as the child is regularly attending high school full-time with a reasonable expectation of graduating, and the child is residing full-time with the support recipient or at an institution. Child care for a child continues through August 31 following that child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the Friend of the Court if the change ends those expenses.
- Income withholding takes immediate effect. Payments shall be made through the State Disbursement Unit unless otherwise ordered in item 13.
- Child Support.** The payer has a monthly child support obligation as follows:

Payer:	Payee:	Support eff. date:		
Children's names and birth dates:				
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.	\$	\$	\$	\$
SS paymt. Credit	\$	\$	\$	\$
Total	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$
Child care:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
<input type="checkbox"/> Support includes a parental time offset using _____ overnights for Plaintiff and _____ overnights for Defendant. The above ordered support provisions <input type="checkbox"/> do <input type="checkbox"/> do not follow the child support formula.				

(see Page 2 for remainder of order)

8) Write or type the case number from your court papers in the space provided.
Example: 1927-009999-DM

8) Write or type the plaintiff and defendants name in the correct box.

9) If the referee ordered that one or both parties are to provide health insurance for the minor child check the correct box .

In addition write the maximum amount of insurance premium ordered, or check the **not to exceed % of the gross income box.**

10) Write the percentage of uninsured health care expense ordered by the referee. The percentage for each party must not be greater than 100% when added together. **Make sure that you only use whole percentages.**

The annual ordinary medical amount is \$345.00 per year multiplied by the number of children covered by the order.

11) At the bottom of the page indicate who prepared the order, "Prepared by" and include your name. If you did not prepare the document state the name of the actual person who did.

Approved, SCAC

Original - Court 1st copy - Plaintiff

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

STATE OF MICHIGAN 37 th JUDICIAL CIRCUIT CALHOUN COUNTY	UNIFORM CHILD SUPPORT ORDER (PAGE 2) <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: 161 E. Michigan Ave., Battle Creek, MI 49014 FAX no. (269) 969-6564 Court telephone no. (269) 969-6500

Plaintiff Name	Defendant Name
----------------	----------------

- Insurance.** For the benefit of the children, plaintiff defendant shall maintain health care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
 up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
 not to exceed 5% of the plaintiff's/defendant's gross income.
- 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 yearly ordinary medical amount is \$345.00 per year for one minor child.
- 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 under MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.
- 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 will 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.
- Change of Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing, within 21 days of any change in: a) their mailing or residence address 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 under MCL 552.603.
- 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 to the Department of Human Services for a child placed in foster care.
- Fees.** The payer of support shall pay statutory and service fees as required by law.
- 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 investigate more than 1 request received from a party each 36 months. A party may also file a motion to modify this support order.
- 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.

13. Other (Attach separate sheet if necessary)

8) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM

9) Write or type the plaintiff and defendant's name in the correct box.

Items 11 & 12 are to be followed after completing the Notice of Entry Procedures

11) Make copies of your **Uniform Child Support Order** and attachments for yourself, for the other party, and for the Friend of the Court. Go to the Circuit Court Clerk's office in the Calhoun County Justice Center in Battle Creek with the original and a copy of all pages of this form. These must be filed with the Clerk. Payment of the appropriate fees will be expected at the time of filing.

12) On the date you mail one copy of all pages to the other party, sign and date the Certificate of Mailing. The date that you sign the Certificate of Mailing must be the date that you

Approved: SC/AO Original - Court 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - Friend of the Court

STATE OF MICHIGAN 37 th JUDICIAL CIRCUIT CALHOUN COUNTY	UNIFORM CHILD SUPPORT ORDER (PAGE 3) <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: 161 E. Michigan Ave., Battle Creek, MI 49014 FAX no. (269) 969-6564 Court telephone no. (269) 969-6500

Plaintiff Name _____ v _____ Defendant Name _____

INTERIM EFFECT OF REFEREE'S DECISION

IT IS FURTHER ORDERED that this recommended order shall enter forthwith and the Referee's findings shall be given immediate effect on an interim basis pending judicial hearing. If a motion to set aside Referee's recommended order is filed, this order will remain in effect and must be obeyed unless changed by later order of this Court. This order will become a final order if no motion to set aside the Referee's recommendation is filed with the Clerk of the Court within 21 days of the date of the service of this recommended order or after de novo hearing as the Court may determine.

IT IS SO ORDERED:

Date _____

Circuit Court Family Division Judge

NOTICE OF RIGHT TO REQUEST JUDICIAL HEARING

Either party has the right to request a judicial hearing, within 21 days after date of service, set forth below, by filing a Motion to Set Aside Referee's Recommendation, along with a Notice of Hearing, properly scheduling the matter before the assigned Honorable. The party requesting the judicial hearing must serve the motion and notice of hearing on all interested parties and attorneys of record. The original motion and notice of hearing, together with the proof of service, must be filed with the Circuit Court Clerk's Office, Family Division.

CERTIFICATE OF MAILING

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

Date _____

Authorized Representative _____

The next set of slides will guide you through the process of filling out the page entitled:
Notice of Entry of Order

13) If the referee directs that the order be entered under the “**Seven Day Rule**” the moving party must do the following:

Within 7 days after the conclusion of the hearing the moving party will complete the Uniform Support Order and serve the other party along with the **Notice of Entry of Order** to the referee for approval.

The moving party must then file the original proposed order and a copy for the Friend of the Court with the Circuit Court Clerk, along with the Notice of Entry and proof of service (Certificate of Mailing). The Clerk will then hold the order for the 7-day objection period, and then if no objections are filed submit it to the assigned referee for approval and entry by the Court.

Plaintiff's name, address and telephone no.

Attorney:

v Defendant's name, address, and telephone no.

Attorney:

Hon. _____
Assigned Judge

ASSIGNED REFEREE:

- Norman J. Fryer, Jr., Chief Family Division Referee
- Steven J. Keller, Family Division Referee
- Tina Yost, Family Division Referee
- Phillip Netz, Family Division Referee
- Kristen Getting, Family Division Referee

NOTICE

To: Plaintiff Plaintiff's Attorney
 Defendant Defendant's Attorney

The attached UNIFORM SUPPORT ORDER
 ORDER REGARDING CUSTODY, PARENTING TIME AND CHILD SUPPORT
 ORDER REGARDING PARENTING TIME

will be submitted to the assigned Family Division Referee for approval and for entry by the Court if there are no objections filed within 7 days of the service of this Notice. (Note: an objection may only address accuracy or completeness of the proposed order.)

Signature of Moving Party

Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Notice of Entry of Order on the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

1) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM

2) Write or type the Plaintiff's name, address and telephone number.

Write or type the defendant's name, address and telephone number.

3) Write or type the name of the Assigned Judge. Example: Hon. Gary Reed

4) Check the box of the Assigned Family Division Referee.

5) Check the box for all of the individuals to whom the Notice is being sent.

6) Check the box of what order is being attached to the Notice.

Plaintiff's name, address and telephone no.

[]

Attorney:

v Defendant's name, address, and telephone no.

[]

Attorney:

Hon. _____
Assigned Judge

ASSIGNED REFEREE:

- Norman J. Fryer, Jr., Chief Family Division Referee
 Steven J. Keller, Family Division Referee
 Tina Yost, Family Division Referee
 Phillip Netz, Family Division Referee
 Kristen Getting, Family Division Referee

NOTICE

To: Plaintiff Plaintiff's Attorney
 Defendant Defendant's Attorney

The attached UNIFORM SUPPORT ORDER
 ORDER REGARDING CUSTODY, PARENTING TIME AND CHILD SUPPORT
 ORDER REGARDING PARENTING TIME

will be submitted to the assigned Family Division Referee for approval and for entry by the Court if there are no objections filed within 7 days of the service of this Notice. (Note: an objection may only address accuracy or completeness of the proposed order.)

Signature of Moving Party

Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Notice of Entry of Order on the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

7) Sign and date the Notice of Entry of Order.

8) On the date you mail one copy of all pages to the other party, sign and date the Certificate of Mailing. The date that you sign the Certificate of Mailing must be the date that you mailed your motion to the other party.

Plaintiff's name, address and telephone no.

[Empty box for Plaintiff's name, address and telephone no.]

Attorney:

v Defendant's name, address, and telephone no.

[Empty box for Defendant's name, address, and telephone no.]

Attorney:

Hon. _____
Assigned Judge

ASSIGNED REFEREE:

- Norman J. Fryer, Jr., Chief Family Division Referee
- Steven J. Keller, Family Division Referee
- Tina Yost, Family Division Referee
- Phillip Netz, Family Division Referee
- Kristen Getting, Family Division Referee

NOTICE

To: Plaintiff Plaintiff's Attorney
 Defendant Defendant's Attorney

The attached UNIFORM SUPPORT ORDER
 ORDER REGARDING CUSTODY, PARENTING TIME AND CHILD SUPPORT
 ORDER REGARDING PARENTING TIME

will be submitted to the assigned Family Division Referee for approval and for entry by the Court if there are no objections filed within 7 days of the service of this Notice. (Note: an objection may only address accuracy or completeness of the proposed order.)

Signature of Moving Party

Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Notice of Entry of Order on the Plaintiff
 Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail
addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

The next set of slides will guide you through the process of filling out the page entitled:

Objection to Entry of Order

Remember: The basis for an objection under this Section must be that the Order that was prepared and noticed for entry does not reflect accurately and/or completely what was stated by the Referee at the hearing

- 1) Write or type the case number from your court papers in the space provided. Example: 1927-009999-DM
- 2) Write or type the Plaintiff's name, address and telephone number.
- 3) Write or type the defendant's name, address and telephone number.
- 4) Write or type the name of the Assigned Judge. Example: Hon. Gary Reed
- 5) Check the box of the Assigned Family Division Referee.
- 6) Check the box of who filed the **Notice of Entry of Order** and the box indicating the type of order to which you are objecting. Include the **date** that the order was **noticed for entry**.

STATE OF MICHIGAN OBJECTION TO ENTRY OF ORDER CASE NUMBER
 37th JUDICIAL CIRCUIT MCR 3.215
 CALHOUN COUNTY Referee 7-Day Rule

Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014 Court Telephone: (269) 969-6500

Plaintiff's name, address and telephone no. v Defendant's name, address, and telephone no.

Attorney: Attorney:

HON. _____
 Assigned Judge

ASSIGNED REFEREE: Norman J. Fryer, Jr., Chief Family Division Referee
 Steven J. Keller, Family Division Referee
 Tina Yost, Family Division Referee
 Phillip Netz, Family Division Referee
 Kristen Getting, Family Division Referee

OBJECTION

To: Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney

Objection is filed to the entry of a UNIFORM SUPPORT ORDER; ORDER REGARDING CUSTODY, PARENTING TIME AND CHILD SUPPORT; ORDER REGARDING PARENTING TIME which was noticed for entry by the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney on _____ Date _____

The Order as noticed is inaccurate or incomplete as follows: (Attach a separate sheet if necessary)

Attached is an alternate order, which accurately reflects the findings of the Family Division Referee.

NOTICE OF HEARING

A hearing shall be held before the assigned Family Division Referee on _____ (date) at _____ am/pm in Hearing Room _____, Justice Center, Battle Creek, Michigan.

 Signature of Submitting Party Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Objection to Entry of Order to the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail addressed to their last known addresses as defined in MCR 3.203.

 Date Signature

7) You must state how the order is inaccurate or incomplete compared to the Referee ruling in the previously held support hearing. If you need more room than what is provided, you may attach an additional sheet of paper.

8) You must also attach an order that you state accurately reflects the findings of the Family Division Referee. This order is to be completed on the **Uniform Support Order** (see prior slides on how to fill out this order).

STATE OF MICHIGAN OBJECTION TO ENTRY OF ORDER CASE NUMBER
37th JUDICIAL CIRCUIT MCR 3.215
CALHOUN COUNTY Referee 7-Day Rule

Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014

Court Telephone: (269) 969-6500

Plaintiff's name, address and telephone no.

v Defendant's name, address, and telephone no.

Attorney:

Attorney:

HON. _____

Assigned Judge

ASSIGNED REFEREE:

- Norman J. Fryer, Jr., Chief Family Division Referee
- Steven J. Keller, Family Division Referee
- Tina Yost, Family Division Referee
- Phillip Netz, Family Division Referee
- Kristen Getting, Family Division Referee

OBJECTION

To: Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney
Objection is filed to the entry of a UNIFORM SUPPORT ORDER; ORDER REGARDING CUSTODY, PARENTING TIME AND CHILD SUPPORT; ORDER REGARDING PARENTING TIME which was noticed for entry by the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney on _____
Date

The Order as noticed is inaccurate or incomplete as follows: (Attach a separate sheet if necessary)

Attached is an alternate order, which accurately reflects the findings of the Family Division Referee.

NOTICE OF HEARING

A hearing shall be held before the assigned Family Division Referee on _____ (date)

at _____ am/pm in Hearing Room _____, Justice Center, Battle Creek, Michigan.

Signature of Submitting Party

Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Objection to Entry of Order to the Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature

9) Obtain a hearing date for your objection from the assigned Referee Assistant.

Write the date, time and location of the objection hearing obtained from the Referee Assistant.

10) Sign and date the **Objection to Entry of Order**.

11) On the date you mail one copy of all pages to the other party, sign and date the **Proof of Service**. The date that you sign the **Proof of Service** must be the date that you mailed your motion to the other party.

STATE OF MICHIGAN OBJECTION TO ENTRY OF ORDER CASE NUMBER
37th JUDICIAL CIRCUIT MCR 3.215
CALHOUN COUNTY Referee 7-Day Rule

Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014

Court Telephone: (269) 969-6500

Plaintiff's name, address and telephone no.

v Defendant's name, address, and telephone no.

Attorney:

Attorney:

HON. _____

Assigned Judge

ASSIGNED REFEREE:

- Norman J. Fryer, Jr., Chief Family Division Referee
- Steven J. Keller, Family Division Referee
- Tina Yost, Family Division Referee
- Phillip Netz, Family Division Referee
- Kristen Getting, Family Division Referee

OBJECTION

To: Plaintiff Plaintiff's Attorney Defendant Defendant's Attorney
Objection is filed to the entry of a UNIFORM SUPPORT ORDER; ORDER FOR
CUSTODY, PARENTING TIME AND CHILD SUPPORT; ORDER FOR
which was noticed for entry by the Plaintiff Plaintiff's Attorney
Attorney on _____
Date

The Order as noticed is inaccurate or incomplete as follows: (Attach a separate sheet if necessary)

Attached is an alternate order, which accurately reflects the findings of the Family Division Referee.

NOTICE OF HEARING

A hearing shall be held before the assigned Family Division Referee on _____ (date)

at _____ am/pm in Hearing Room _____, Justice Center, Battle Creek, Michigan.

Signature of Submitting Party

Date

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this Objection to Entry of Order to the Plaintiff
 Plaintiff's Attorney Defendant Defendant's Attorney by mailing by first class mail addressed
to their last known addresses as defined in MCR 3.203.

Date

Signature

A hearing date can be obtained by calling 969-6500.