

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

**How to fill out the Pro Per
Packet Payment
Plan/Discharge of Arrearage**

Current as of 7/31/09

This presentation is designed to assist you in understanding how to fill out the orange Pro Per Packet Entitled: **Pro Per Packet Payment Plan/Discharge of Arrearage.**

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

- 1) A copy of the orange Pro Per Packet Entitled: **Payment Plan/Discharge of Arrearage.** 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 four slides will guide you through the process of filling out the page entitled:

**Motion for Payment Plan and
Discharge of Arrearage**

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 and Assigned Referee. Example: Hon. Gary Reed

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY
Court Address: 161 E. Michigan Ave, Battle Creek, MI 49014

CASE NO. _____
MOTION FOR PAYMENT PLAN AND
DISCHARGE OF ARREARS
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

[]

[]

Third 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 current support.
Date
[] b. There is no order in effect for current support.

D [] 2. There is a support arrearage of \$ _____ owed to the [] plaintiff [] defendant

[] 3. There is a support arrearage of \$ _____ owed to the State of Michigan.

[] 4. There is a support arrearage of \$ _____ owed to _____

E [] 5. I ask the court to order a payment plan and relief from support arrears as follows: [] see attached sheet
(Use page 2 for further explanation of relief requested)

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

F _____
Date Moving Party's Signature

NOTICE OF HEARING

A hearing will be held on this motion before _____, Family Division Referee,
Name of Referee
G on _____ at _____ in hearing room # _____, Justice Center,
Date Time 161 E. Michigan Ave., Battle Creek, Michigan.

4) Check box A or B. By checking box A you are indicating that you have an order entered that requires you to pay current support. By checking box B you are indicating there is no order currently directing you to pay support.

5) Fill in the line that corresponds to the current distribution of your arrears. (Example money owed to the state, the plaintiff/defendant or a 3rd party) Make sure you accurately fill in the correct amount of the arrearage owed.

6) Write or type the exact repayment plan that you are requesting that the court consider.

7) Sign and date that the statements give are true to your knowledge.

8) 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 Defendant's name, address and telephone no. [] moving party

[]

Third Party's name, address and telephone no. []

[]

[]

C 1. [] a. On _____ Date

[] b. There is no order in effect.

D [] 2. There is a support arrearage of \$ _____

[] 3. There is a support arrearage of \$ _____ owed to the State of Michigan.

[] 4. There is a support arrearage of \$ _____ owed to _____

E [] 5. I ask the court to order a payment plan and relief from support arrears as follows: [] see attached sheet
(Use page 2 for further explanation of relief requested)

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

F Date _____

Moving Party

NOTICE OF HEARING

A hearing will be held on this motion before _____

Name of referee

G on _____ at _____ in hearing room _____

Date Time

161 E. Michigan Ave., Battle Creek, Michigan.

Accurate arrears amounts can be obtained from the Friend of the Court by calling the office at 969-6500. You **must** state that you are requesting the information in order to file the **Arrearage Repayment Pro Per Packet.**

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

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.

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.]

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

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

5. Continued from Page 1

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

G

Moving Party's Signature

Date

NOTE: If you are the person receiving this motion, you should file a response. Use instructions and forms for Answer to Motion for Payment Plan/Discharge of Arrears.

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

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

9) 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.

10) 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 served your motion on the other party either by personal service or by mailing. You must then file the certificate of mailing with the **Circuit Court Clerk**.

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY
Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014

CASE NO. _____
MOTION FOR PAYMENT PLAN AND
DISCHARGE OF ARREARAGE
A
Court Telephone: (269) 969-6559

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

Third party's name, address and telephone no. []

Make sure that you send a copy to the following:

**OCS Operations/Arrears
Payment Plan Review
Unit, PO Box 30744,
Lansing, MI 48909-8250**

[] I CERTIFY THAT
MOTION AND

[] I CERTIFY
NOTICE OF HEARING
ADDRESS.

[] I CERTIFY THAT ON THIS DATE I MAILED A COPY OF THIS MOTION AND NOTICE OF HEARING TO THE STATE OF MICHIGAN, OFFICE OF CHILD SUPPORT: OCS Operations/Arrears Payment Plan Review Unit, P.O. Box 30744, Lansing, MI 48909-8250 (required for discharge of arrears owed to the State or a political subdivision of the State – must be served at least 56 days prior to hearing).

H _____
Date

Moving Party's Signature

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

**Answer to Motion for Payment Plan
and Discharge of Arrearage**

The next two slides will guide you through the process of filling out the page entitled:
Order for Payment Plan and Discharge of Arrearage

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 and Assigned Referee. Example: Hon. Gary Reed

4) Check the box representing if this order is a result of a order after a hearing or a stipulation of the parties.

5) Check the boxes that represent **exactly** what the referee stated at the hearing.

6) Enter the exact ordered terms of the payment plan.

7) Enter the exact amount of arrears that are to be forgiven.

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

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

C Date: _____
Judge: _____
Referee Approval: _____

D 1. This order is after hearing. by stipulation of the parties.

E THE COURT FINDS:

- 2. A motion for a payment plan and discharge of arrearage was filed.
- 3. An answer to the motion was filed.
- 4. The plaintiff defendant owes past due support of \$ _____ to plaintiff defendant State of Michigan or _____ a political subdivision thereof.
- 5. The plaintiff/payer defendant/payer does not have the present or near-future ability to pay the arrearage without a payment plan
- 4. It is appropriate to establish a payment plan
- 5. Compliance with the payment plan should result in the discharge of the remaining portion of the current support arrearage.
- 6. The parties have agreed to dismiss past due support owed to the payee. The payee is not acting under fear, coercion or duress, and the support arrearage did not arise from conduct by the payer engaged in exclusively for the purpose of avoiding a support obligation. To the best of the knowledge of the parties, the arrearage to be dismissed is not the subject of a criminal referral or action.
- 7. The motion should be dismissed in its entirety.

F IT IS ORDERED:

- 1. The motion for a payment plan and discharge of arrearage is dismissed. The prior orders remain in effect.
- 2. The plaintiff/payer defendant/payer shall comply with the following payment plan:

For a period of _____ months, payments of \$ _____ per month shall be made by the payer toward the accumulated support arrearage through the MiSDU. These payments must be allocated specifically to the arrearage addressed in this order. If the payer has other cases or obligations, payments shall be made in an amount sufficient to assure monthly payments as ordered toward the specific support arrearage. Upon completion of the payment plan, the payer shall provide notice to interested parties and shall obtain a hearing before the assigned Family Division Referee. At hearing, if it is determined that the payer has completed the payment plan, the court shall enter an order discharging the remaining arrearage. If the payer has substantially completed the payment plan, the court may enter an order granting relief appropriate to the circumstances of the case.

- 3. Based upon the agreement of the parties, past due support in the amount of \$ _____ owed to the payee is forgiven and credited to any support obligation.

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.

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

9) If both parties consent to the order, both you and the other party must sign the order.

10) 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 served your motion on the other party either by personal service or by mailing. You must then file the certificate of mailing with the **Circuit Court Clerk**. Payment of the appropriate fees will be expected at the time of filing the order.

STATE OF MICHIGAN
37TH JUDICIAL CIRCUIT
CALHOUN COUNTY

ORDER FOR PAYMENT PLAN AND
DISCHARGE OF ARREARAGE

CASE NO.

A →

Court Address: 161 E. Michigan Ave, Battle Creek, MI 49014
6500

Court Telephone: (269) 969-

IT IS SO ORDERED:

Plaintiff (if consent/stipulation)

Defendant (if consent/stipulation)

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 Judge. 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

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
- Phillip Netz, Family Division Referee
- Steven J. Keller, Family Division Referee
- Tina Yost, 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
 ORDER FOR PAYMENT PLAN AND DISCHARGE OF ARREARAGE

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 served your motion on the other party either by personal service or by mailing. You must then file the certificate of mailing with the **Circuit Court Clerk**.

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

PROOF OF SERVICE

- I CERTIFY THAT ON THIS DATE I PERSONALLY SERVED A COPY OF THIS NOTICE ON THE OTHER PARTY
- I CERTIFY THAT ON THIS DATE I SERVED A COPY OF THIS NOTICE ON THE OTHER PARTY BY MAILING A COPY BY FIRST CLASS MAIL TO THE ABOVE ADDRESS.

Date

Signature

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
 - Phillip Netz, Family Division Referee
 - Steven J. Keller, Family Division Referee
 - Tina Yost, 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
 ORDER FOR PAYMENT PLAN AND DISCHARGE OF ARREARAGE

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 served your motion on the other party either by personal service or by mailing. You must then file the certificate of mailing with the **Circuit Court Clerk**.

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

PROOF OF SERVICE

- I CERTIFY THAT ON THIS DATE I PERSONALLY SERVED A COPY OF THIS NOTICE ON THE OTHER PARTY
- I CERTIFY THAT ON THIS DATE I SERVED A COPY OF THIS NOTICE ON THE OTHER PARTY BY MAILING A COPY BY FIRST CLASS MAIL TO THE ABOVE ADDRESS.

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
- 7) 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.
- 8) You must then file the certificate of mailing with the Circuit Court Clerk.

How to object to the entry of the
**Order on Payment Plan and
Discharge of Arrearage**

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 37 th JUDICIAL CIRCUIT CALHOUN COUNTY <small>Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014</small>	OBJECTION TO ENTRY OF ORDER MCR 3.215 Referee 7-Day Rule	CASE NUMBER
<small>Plaintiff's name, address and telephone no.</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <small>Attorney:</small>		<small>v Defendant's name, address, and telephone no.</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <small>Attorney:</small>
HON. _____ Assigned Judge		
ASSIGNED REFEREE:		
<input type="checkbox"/> Norman J. Fryer, Jr., Chief Family Division Referee <input type="checkbox"/> Phillip Netz, Family Division Referee <input type="checkbox"/> Steven J. Keller, Family Division Referee <input type="checkbox"/> Tina Yost, Family Division Referee <input type="checkbox"/> Kristen Getting, Family Division Referee		
<u>OBJECTION</u>		
To: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Defendant's Attorney		
Objection is filed to the entry of an Order for Payment Plan and Discharge of Arrearage which was noticed for entry by the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Defendant's Attorney on _____ <small>Date</small>		
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.		
<u>NOTICE OF HEARING</u>		
A hearing shall be held before the assigned Family Division Referee on _____ (date)		
at _____ am/pm in Hearing Room _____, Justice Center, Battle Creek, Michigan.		
_____ <small>Signature of Objecting Party</small>		_____ <small>Date</small>
<u>PROOF OF SERVICE</u>		
<input type="checkbox"/> I certify that on this date I personally served a copy of this Objection on the other party		
<input type="checkbox"/> I certify that on this date I served a copy of this notice on the other party by mailing a copy by first class mail to the above address.		
_____ <small>Date</small>		_____ <small>Signature</small>

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. You must then file the certificate of mailing with the **Circuit Court Clerk**

STATE OF MICHIGAN 37 th JUDICIAL CIRCUIT CALHOUN COUNTY	OBJECTION TO ENTRY OF ORDER MCR 3.215 Referee 7-Day Rule	CASE NUMBER
Court Address: 161 E. Michigan Ave., Battle Creek, MI 49014		Court Telephone: (269) 969-6500
Plaintiff's name, address and telephone no. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	v	Defendant's name, address, and telephone no. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Attorney: _____		Attorney: _____
HON. _____ Assigned Judge		
ASSIGNED REFEREE:	<input type="checkbox"/> Norman J. Fryer, Jr., Chief Family Division Referee <input type="checkbox"/> Phillip Netz, Family Division Referee <input type="checkbox"/> Steven J. Keller, Family Division Referee <input type="checkbox"/> Tina Yost, Family Division Referee <input type="checkbox"/> Kristen Getting, Family Division Referee	
<u>OBJECTION</u>		
To: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Defendant's Attorney		
Objection is filed to the entry of an Order for Payment Plan and Discharge of Arrearage which was noticed for entry by the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> 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.		
<u>NOTICE OF HEARING</u>		
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 Objecting Party		_____ Date
<u>PROOF OF SERVICE</u>		
<input type="checkbox"/> I certify that on this date I personally served a copy of this Objection on the other party		
<input type="checkbox"/> I certify that on this date I served a copy of this notice on the other party by mailing a copy by first class mail to the above address.		
_____ Date		_____ Signature