

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

**How to fill out the Motion for
Modification of Child Support
Orders**

Current as of 08/2013

This presentation is designed to assist you in understanding how to fill out the green Pro Per Packet entitled: **Motion for 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/foc and click on Forms.

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

Motion Regarding Support

1) Write or type the case number from your court papers in the space provided. Example: 2013-000099-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) If there is a third party involved, enter the name, address and telephone number.

Approved, SCAO

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

STATE OF MICHIGAN
37th JUDICIAL CIRCUIT COUNTY CALHOUN

MOTION REGARDING SUPPORT

CASE NO.

Court address
161 East Michigan Ave, Battle Creek MI 49014

Court telephone no.
(269) 969-6500

(B) Plaintiff's name, address, and telephone no. moving party

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

Third party 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

(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

FOC 50 (3/12) MOTION REGARDING SUPPORT MCL 552.517b(8), MCL 552.519(3)(k)(i), MCR 2.119, MCR 3.213

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.

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT CALHOUN COUNTY	MOTION REGARDING SUPPORT	(A) CASE NO.
---	---------------------------------	---------------------

Court address
161 East Michigan Ave, Battle Creek MI 49014

Court telephone no.
(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 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

(K) on _____ at _____ at _____
Date Time Location

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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.

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(L) _____
Date _____ Moving party's signature _____

FOC 50 (3/12) MOTION REGARDING SUPPORT MCL 552.517b(8), MCL 552.519(3)(k)(i), MCR 2.119, MCR 3.213

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 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, it must follow the formula.

8) Sign and date your motion.

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

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT CALHOUN COUNTY	MOTION REGARDING SUPPORT	(A) CASE NO.
---	---------------------------------	---------------------

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

(B) Plaintiff's name, address, and telephone no. moving party

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

Third party name, address, and telephone no. moving party

(C) 1. a. On _____ a judgment 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:
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(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

(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

FOC 50 (3/12) **MOTION REGARDING SUPPORT** MCL 552.517b(8), MCL 552.519(3)(k)(i), MCR 2.119, MCR 3.213

10) Complete the Notice of Hearing section with the information you were given in your telephone call with the Referee Assistant.

11) Make copies of your motion form and attachments for yourself according to the packet instructions. Go to the Circuit Court Clerk's office in the Justice Center in Battle Creek with the original and the copies 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 served your motion on the other party either by personal service or by mailing.

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

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

37th CALHOUN Court address 161 East Michigan Ave, Battle Creek MI 49014 Court telephone no. (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 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

(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

FOC 50 (3/12) **MOTION REGARDING SUPPORT** MCL 552.517b(8), MCL 552.519(3)(k)(i), MCR 2.119, MCR 3.213

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

**Response to Motion for
Modification of Child Support
Orders**

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

1) Write or type the case number from your court papers in the space provided. Example: 2013-000099-DM

2) 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 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.

Original - Court
1st copy - Moving party
2nd copy - Responding party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

37th CALHOUN

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**RESPONSE TO
MOTION REGARDING SUPPORT**

(A) **CASE NO.**

Court address
161 East Michigan Ave., Battle Creek MI 49014

Court telephone no.
(269) 969-6500

(B) Plaintiff's name, address, and telephone no. moving party

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

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

(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 agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(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 that support be paid as follows:
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J) _____
Date Responding party's signature

CERTIFICATE OF MAILING

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

(K) _____
Date Responding party's signature

FOC 51 (3/11) **RESPONSE TO MOTION REGARDING SUPPORT** MCL 552.14, MCR 2.119

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 **Response 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 **Response to Motion Regarding Support**.

Original - Court
1st copy - Moving party
2nd copy - Responding party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT CALHOUN COUNTY	RESPONSE TO MOTION REGARDING SUPPORT	(A) CASE NO.
---	--	---------------------

Court address: 161 East Michigan Ave., Battle Creek MI 49014
 Court telephone no.: (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 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. I agree do not agree that conditions regarding support have changed as stated in the motion.
 Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

(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 agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(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 that support be paid as follows:
 If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J) _____
 Date Responding party's signature

CERTIFICATE OF MAILING

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

(K) _____
 Date Responding party's signature

FOC 51 (3/11) **RESPONSE TO MOTION REGARDING SUPPORT** MCL 552.14, MCR 2.119

8) Make copies of your **Response 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 the copies 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 party either by personal service or by mailing.

Original - Court
1st copy - Moving party
2nd copy - Responding party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	RESPONSE TO MOTION REGARDING SUPPORT	(A) CASE NO.
37th CALHOUN		
Court address 161 East Michigan Ave., Battle Creek MI 49014		Court telephone no. (269) 969-6500

(B) Plaintiff's name, address, and telephone no. moving party

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

Third party name, address, and telephone no. moving party

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

(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 agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(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 that support be paid as follows:
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J) _____
Date _____ Responding party's signature _____

CERTIFICATE OF MAILING

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

(K) _____
Date _____ Responding party's signature _____

FOC 51 (3/11) **RESPONSE TO MOTION REGARDING SUPPORT** MCL 552.14, MCR 2.119