

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

**How to fill out the Pro Per
Packet Motion for Payment Plan
for Arrearages**

Updated 08/2013

This presentation is designed to assist you in understanding how to fill out the orange Pro Per Packet Entitled: **Motion for Payment Plan for Arrearages.**

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

1) A copy of the orange Pro Per Packet Entitled: Motion for Payment Plan for Arrearages. 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 set of slides will guide you through the process of filling out the page entitled:

Motion for Payment Plan for Arrearages

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) Contact the FOC at (269) 969-6500 to get accurate arrears information.

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 PAYMENT PLAN/
DISCHARGE OF ARREARS
(PAGE 1 OF 2)

CASE NO.

Court address Telephone no.

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

1. Friend of the court records show that, as of _____ Date _____

a. my current support is \$ _____ per month. My youngest child is _____ Date _____

b. my total arrears are \$ _____. Attached is written proof of arrears.

c. I owe \$ _____ support arrears to _____ Name _____

d. I owe \$ _____ support arrears to the State of Michigan.

e. I owe \$ _____ for Medicaid/confinement reimbursement.

f. I owe \$ _____ in statutory fees.

g. I owe \$ _____ to _____ Specify agency/person _____

2. It is in the best interests of the parties and the children that a payment plan be entered in this case.

3. I understand that the individual payee must consent to entry of a payment plan when the arrears are owed to that individual. The payee's consent was not given under duress, coercion, or duress.

4. I owe arrears to the State of Michigan or a political subdivision and, absent a payment plan, I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.

5. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.

6. I have gross income in the amount of \$ _____ per _____. I understand that I must provide adequate records to show proof of my income.

7. I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description	Net Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

(See page 2 for remainder of motion.)

FOC 109 (3/11) MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS, PAGE 1 OF 2 MCL 552.605e

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 **Payment Plan for Arrearages Pro Per Packet**.

4) Use the information from the FOC to complete section C with your arrearage information.

5) Section D is only used if the custodial parent (or 3rd party guardian is owed money and is willing to forgive arrears and is willing to appear at the hearing.

6) Section E is used if you are asking the Court to discharge arrears owed to the State.

7) Sections F and G need to be completed to give the Court information on your current income, assets and ability to pay your arrearages.

Approved, SCAO

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4th copy - Proof of service
5th copy - Proof of service

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

MOTION REGARDING PAYMENT PLAN/
DISCHARGE OF ARREARS
(PAGE 1 OF 2)

(A) CASE NO.

Court address _____ Telephone no. _____

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

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

v

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

(C) 1. Friend of the court records show that, as of _____ Date _____:

a. my current support is \$ _____ per month. My youngest child in the case will be or was 18 years of age on _____ Date _____.

b. my total arrears are \$ _____. Attached is written proof from the friend of the court office.

c. I owe \$ _____ support arrears to _____ Name _____, the individual payee.

d. I owe \$ _____ support arrears to the State of Michigan.

e. I owe \$ _____ for Medicaid/confinement reimbursement arrears.

f. I owe \$ _____ in statutory fees.

g. I owe \$ _____ to _____ Specify agency/person _____.

2. It is in the best interests of the parties and the children that a payment plan be ordered in this case.

(D) I understand that the individual payee must consent to entry of an order for payment plan when the arrears are owed to that individual. The payee's consent was not given under fear, coercion, or duress.

(E) I owe arrears to the State of Michigan or a political subdivision and, absent a payment plan, I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.

5. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.

(F) I have gross income in the amount of \$ _____ per _____. I understand that I must provide adequate records to show proof of my income.

(G) I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description	Net Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

(See page 2 for remainder of motion.)

FOC 109 (3/11) MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS, PAGE 1 OF 2 MCL 552.605e

8) List in Section H what you are asking the Court to order in regard to your arrearages.

9) Date and sign the motion.

10) Call the Friend of the Court at (269) 969-6500 to obtain a hearing date.

10) 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**.

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
JUDICIAL CIRCUIT
COUNTY

MOTION REGARDING PAYMENT PLAN/
DISCHARGE OF ARREARS
(PAGE 2 OF 2)

A CASE NO.

Court address Telephone no.

B Plaintiff's name v Defendant's name

7. continued. Attach a separate sheet if more space is needed.

Description	Net Value
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

8. If arrearages are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

H 9. I ask:

a. the court order a payment plan of \$ _____ per month for _____ months toward support arrearages in this case.

b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrearages as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.

c. the court grant me such other and further relief as is just and appropriate.

10. I further ask that once I complete this payment plan, the court enter a

I Date _____ Signature _____

J A hearing will be held on this motion before _____ Referee Name _____

on _____ at _____ Time _____ in _____ Hearing Room Number _____

NOTICE OF HEARING

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 117.

CERTIFICATE OF MAILING

K I certify that on this date I served a copy of this motion on the parties or their attorneys and as appropriate to the Office of Child Support or political subdivision by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date _____ Signature _____

FOC 109 (3/11) MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS, PAGE 2 OF 2 MCL 552.605e

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

STATE OF MICHIGAN
 JUDICIAL CIRCUIT
 COUNTY

MOTION REGARDING PAYMENT PLAN/
 DISCHARGE OF ARREARS
 (PAGE 2 OF 2)

CASE NO.

Court address Telephone no.

Plaintiff's name v Defendant's name

7. continued. Attach a separate sheet if more space is needed.

Description	Net Value
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

8. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

9. I ask:
- a. the court order a payment plan of \$_____ per month for _____ months toward support arrears in this case.
 - b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
 - c. the court grant me such other and further relief as is just and appropriate.

10. I further ask that once I complete this payment plan, the court enter an order discharging any remaining arrears.

Date _____ Signature _____

NOTICE OF HEARING

A hearing will be held on this motion before _____
 Referee Name
 on _____ at _____ Time _____ in _____
 Date _____ Time _____ Hearing Room Number, 161 E. Michigan Ave., Battle Creek MI 49014

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 117.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion on the parties or their attorneys and as appropriate to the Office of Child Support or political subdivision by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date _____ Signature _____

Make sure that you send a copy to the following:
**OCS
 Operations/Arrears
 Payment Plan Review
 Unit, PO Box 30744,
 Lansing, MI 48909-8250**

If any part of the arrearage is owed to the State of MI or a political subdivision, the Office of Child Support or the political subdivision must be served with the motion and hearing date at least 56 days before the hearing date.

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

Response to Motion for Payment Plan/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) Check the box under C to indicate if you are acting under fear, coercion or duress.

4) Check the box indicating if you believe that what is asked for in the motion is in the best interests of the child(ren).

5) Indicate whether you agree or disagree with the payment plan contained in the motion. If you disagree explain in detail in the space provided your what you disagree with and why. Attach a separate sheet if needed.

6) If you agree with the motion and wish to discharge support arrears owed to you check box 4. Write the amount of arrears you intend to discharge.

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
PAYMENT PLAN/DISCHARGE OF ARREARS

(A) CASE NO.

Court address _____ Court telephone no. _____

(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. I state that I am am not acting under fear, coercion, or duress.

(D) 2. It is is not in the best interests of the parties and the children that a payment plan be ordered.

(E) 3. I agree do not agree with the payment plan as presented in the motion.
Explain in detail what you do not agree with in item 9.a. of the motion and why. Include all necessary facts. Use a separate sheet of paper if needed.

(F) 4. I agree with the other party to discharge support owed to me in the amount of \$ _____.

(G) 5. I ask the court to
 a. order the payment plan requested in the motion.
 b. order a modified payment plan as follows:

 c. deny the motion for payment plan.

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

(I) _____ 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.

FOC 117 (5/10) RESPONSE TO MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS MCL 552.605e

7) If you wish to propose a different payment plan, complete section G.

8) Sign and date your Response to Motion for Payment Plan/Discharge of Arrearage.

9) 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.

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**.

Approved, SCAO

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

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	RESPONSE TO MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS	(A) CASE NO.
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Court address _____ Court telephone no. _____

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

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

v

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

(C) 1. I state that I am am not acting under fear, coercion, or duress.

(D) 2. It is is not in the best interests of the parties and the children that a payment plan be ordered.

(E) 3. I agree do not agree with the payment plan as presented in the motion.
Explain in detail what you do not agree with in item 9.a. of the motion and why. Include all necessary facts. Use a separate sheet of paper if needed.

(F) 4. I agree with the other party to discharge support owed to me in the amount of \$ _____.

(G) 5. I ask the court to
 a. order the payment plan requested in the motion.
 b. order a modified payment plan as follows:

 c. deny the motion for payment plan.

(H) 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.

(I) Date _____ Responding party's signature _____

FOC 117 (5/10) RESPONSE TO MOTION REGARDING PAYMENT PLAN/DISCHARGE OF ARREARS MCL 552.605e