Approved, SCAO

Original - Court
1st copy - Plaintiff

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

| STATE OF MICHIGAN<br>JUDICIAL CIRCUIT<br>COUNTY | UNIFORM CHILD SUPPORT ORDER (PAGE 1)<br>☐ EX PARTE ☐ TEMPORARY<br>☐ MODIFICATION ☐ FINAL | CASE NO. |
|---|---|---|

**Court address** **FAX no.** **Court telephone no.**

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

This order is entered ☐ after hearing. ☐ after statutory review. ☐ on stipulation of the parties. ☐ on consent of the parties.

☐ The friend of the court recommends support be ordered as follows.
☐ If you disagree with this recommendation, you must file a written objection with _____ on or before **21 days** from the date this order is mailed. If you do not object, this proposed order will be presented to the court for entry.
☐ Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.

**IT IS ORDERED, UNLESS OTHERWISE ORDERED in item 14:** ☐ Standard provisions have been modified (see item 14).

1. The support obligation for a child continues through the end of the month of the later: 1) the child's 18th birthday, or 2) the last day of regularly attending high school full time with the reasonable expectation of graduating, as long as the child is residing full time with the recipient of support or at an institution, but under no circumstances shall the support obligation continue after the month that the child reaches age 19 1/2. 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 Michigan State Disbursement Unit unless otherwise ordered in item 14.

3. **Child Support.** The payer is ordered to pay a monthly child-support obligation as follows.

| Payer: | Payee: | Support effective 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. | $ | $ | $ | $ | $ |
| Subtotal: | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| Ordinary medical: | $ | $ | $ | $ | $ |
| Child care: | $ | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ | $ |
| SS benefit credit: | $ | $ | $ | $ | $ |
| **Total:** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

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

| STATE OF MICHIGAN<br>JUDICIAL CIRCUIT<br>COUNTY | UNIFORM CHILD SUPPORT ORDER (PAGE 2)<br>☐ EX PARTE ☐ TEMPORARY<br>☐ MODIFICATION ☐ FINAL | CASE NO. |
|---|---|---|

Court address FAX no. Court telephone no.

| Plaintiff's name | v | Defendant's name |
|---|---|---|

3. **Child Support (continued).**

☐ Support was reduced because payer's income was reduced.

☐ Support includes a parental-time offset using _____ overnights for _____ (Plaintiff) and _____ overnights for _____ (Defendant).

The support provisions ordered above ☐ do ☐ do not follow the child-support formula.

4. **Insurance.** For the benefit of the children, the ☐ 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.

5. **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 annual ordinary medical amount is _____.

6. **Qualified Medical Support Order.** This order is a qualified medical support order pursuant to 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.

7. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge may be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.

8. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.

9. **Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

10. **Redirection and Abatement.** Subject to statutory procedures, the friend of the court : 1) may redirect support paid for a child to the person who is legally responsible for that child, 2) shall abate support charges for a child who resides on a full-time basis with the payer of support, or 3) shall redirect support for a child placed in foster care.

11. **Fees.** The payer of support shall pay statutory and service fees as required by law.

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

| STATE OF MICHIGAN<br>JUDICIAL CIRCUIT<br>COUNTY | UNIFORM CHILD SUPPORT ORDER (PAGE 3)<br>☐ EX PARTE ☐ TEMPORARY<br>☐ MODIFICATION ☐ FINAL | CASE NO. |
|---|---|---|

Court address | FAX no. | Court telephone no.

Plaintiff's name

v

Defendant's name

12. **Review.** Each party to a support order may submit a written request to have the friend of the court review the order. The friend of the court is not required to act on more than one request received from a party each 36 months. A party may also file a motion to modify this support order.

13. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved. Any past-due support shall be paid in the amount calculated using the Michigan Child Support Formula.

☐ 14. **Other: (Attach separate sheets as needed.)**

Plaintiff (if consent/stipulation) Date

Defendant (if consent/stipulation) Date

Plaintiff's attorney Date

Defendant's attorney Date

Prepared by: _____
Name (type or print)

Date

Judge Bar no.

**CERTIFICATE OF MAILING**

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

Date

Signature

**COURT USE ONLY**