

STATE OF MICHIGAN JUDICIAL CIRCUIT 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 Fax no. Court telephone no.

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

v

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

- 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.

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 Michigan 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 effective date:
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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 _____ and _____ overnights for _____.

Plaintiff

Defendant

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

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

STATE OF MICHIGAN JUDICIAL CIRCUIT 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 _____	Fax no. _____	Court telephone no. _____
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Plaintiff's name _____	v	Defendant's name _____
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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[o]) 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 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.
8. **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 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.
9. **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.
10. **Fees.** The payer of support shall pay statutory and service fees as required by law.
11. **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 one request received from a party each 36 months. A party may also file a motion to modify this support order.
12. **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 sheets as needed.)**

IT IS SO ORDERED:

Date _____	Judge _____ Bar no. _____
Plaintiff (if consent/stipulation) _____ Date _____	Defendant (if consent/stipulation) _____ Date _____
Plaintiff's attorney _____ Date _____	Defendant's attorney _____ Date _____
Prepared by: _____ Name (type or print)	

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 _____
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