












## Divorce **with** Children (DM)

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Attend  
Facilitative  
and  
Information-  
Gathering  
Conference  
(FIG)

Packet 3



# Instructions – DM

Packet 1

## Step 1: Complete Paperwork

Check the boxes below as you complete each form.

### Required:

- Record of Divorce (DCH 0838)
- Verified Statement (FOC 23)
- Application for IV-D Child Support Services (DHS 1201-D)
- Uniform Child Custody Jurisdiction Enforcement Act Affidavit (UCCJEA) (MC 416)
- Confidential Case Inventory (MC 21) (if applicable)
- Summons (MC 01)
- Complaint for Divorce



### Optional:

- Fee Waiver Request (MC 20)
- Request for Interpreter (MC 81)

## Step 2: Make Copies

Check the boxes below as you make copies. If you prefer to have someone make your copies, come to the Legal Self-Help Center and purchase a copy card. Copies are \$.25 per page.



- Summons (MC 01) – make 2 copies.
- Complaint for Divorce – make 2 copies.



**You must file your paperwork with the court clerk before you give copies to the other party.**

## Step 3: File Paperwork

Bring your completed forms and all copies to the court clerk’s office in Grand Haven. The court clerk’s office is located on the 3<sup>rd</sup> floor of the courthouse (room 320). You must bring your filing fee along with your paperwork and copies. The cost to file for divorce **with** children is **\$255**. You must pay the filing fee with a money order, credit card or cash. You may not pay the filling fee with a personal check.



### Fee Waiver

If there is some financial hardship that will keep you from paying the filing fee, you may ask the court for a fee waiver. You will need to complete a Fee Waiver Request (MC 20). The Fee Waiver Request is included in this packet. If the judge denies your request, you must pay the filing fee before your case can be started.



For more information about fee waivers, read “Fee Waivers in Court Cases” at [www.michiganlegalhelp.org](http://www.michiganlegalhelp.org).

### What to Expect When Filing

The clerk will take your paperwork and filing fee (or fee waiver). The clerk will start your case, write a case number and some dates on your paperwork and give your copies back to you.

RECORD OF  
DIVORCE OR ANNULMENT  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
By authority of MCL 333.2813.

Court Case Number

Ottawa

State File Number

County

1. Plaintiff's Full Name \_\_\_\_\_ 2. Plaintiff's Birthdate \_\_\_\_\_  
 Male  Female (First, Middle, Last) (Month, Day, Year)

3. Last Name Before First Married (if different) \_\_\_\_\_

4. Plaintiff's Residence \_\_\_\_\_  
(City, Village, or Township) (County) (State)

5. Plaintiff's Birthplace \_\_\_\_\_ 6. Number of this Marriage \_\_\_\_\_  
(State or Foreign Country) (First, Second, etc. - Specify)

7. Defendant's Full Name \_\_\_\_\_ 8. Defendant's Birthdate \_\_\_\_\_  
 Male  Female (First, Middle, Last) (Month, Day, Year)

9. Last Name Before First Married (if different) \_\_\_\_\_

10. Defendant's Residence \_\_\_\_\_  
(City, Village, or Township) (County) (State)

11. Defendant's Birthplace \_\_\_\_\_ 12. Number of this Marriage \_\_\_\_\_  
(State or Foreign Country) (First, Second, etc. - Specify)

13. Place of this Marriage \_\_\_\_\_  
(City, Village, or Township) (County) (State or Foreign Country)

14. Date of this Marriage \_\_\_\_\_ 15. Date Couple Last Resided \_\_\_\_\_  
(Month, Day, Year) in Same Household  Check if Not Separated (Month, Day, Year)

16. Number of Minor Children in Household at Separation Date (Filing Date if Not Separated) \_\_\_\_\_  
 Check If None (Number)

17. Plaintiff's Name \_\_\_\_\_  
(Name - Type or Print)

18. Plaintiff's Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Plaintiff - person who starts the case.  
Defendant - other party.

Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than 1 year or a fine of not more than \$1,000.00 or both.

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT</b> Ottawa <b>COUNTY</b>	<b>VERIFIED STATEMENT</b>	<b>CASE NO. and JUDGE</b>
---	---------------------------	---------------------------

Friend of the court address  
414 WASHINGTON AVE RM 225, GRAND HAVEN MI 49417

Telephone no.

<b>Information about you:</b>							
1. Last name		First name		Middle name		2. Any other names by which you have been known	
3. Date of birth			4. Social security number			5. Driver's license number and state	
6. Mailing address and residence address (if different)							
7. E-mail address							
8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.	
15. Mobile telephone no.		16. Home telephone no.		17. Work telephone no.		18. Occupation	
19. Business/Employer's name and address						20. Gross weekly income	
21. Did you apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
22. Any other country(ies) of citizenship:			23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

<b>Information about the other parent in this case:</b>							
24. Last name		First name		Middle name		25. Any other names by which parent has been known	
26. Date of birth			27. Social security number			28. Driver's license number and state	
29. Mailing address and residence address (if different)							
30. E-mail address							
31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.	
38. Mobile telephone no.		39. Home telephone no.		40. Work telephone no.		41. Occupation	
42. Business/Employer's name and address						43. Gross weekly income	
44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							
45. Any other country(ies) of citizenship:			46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

Information about the minor child(ren):					
47. a. Name and sex of minor child in case	M/F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address
48. a. Name and sex of other minor child of either party		M/F	b. Birth date	c. Age	d. Residential address
49. Health care coverage available for each minor child					
a. Name of minor child	b. Name of policy holder		c. Name of insurance Co./HMO		d. Policy/Certificate/Contract/Group No.
50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.					

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at <https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf>. Or you may request a copy from your local friend of the court office.

# APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan  
Friend of the Court

FOR OFFICE USE ONLY		
App Request Date	App Returned Date	IV-D Case Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

**AUTHORITY:** 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)	Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)
What is your relationship to the child(ren) for whom you are applying for child support services? <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both

## A. Mother's Information

Mother's Name (First, Middle, Last)	Mother's Social Security Number
Mother's Mailing Address (Street, City, State, Zip Code)	Mother's Telephone Number

## B. Father's Information

Father's Name (First, Middle, Last, Suffix)	Father's Social Security Number
Father's Mailing Address (Street, City, State, Zip Code)	Father's Telephone Number

## C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

Yes       No

## D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

Yes (Check one if different than 25%)       10%       50%  
 No, please contact me before you try to recover an amount from my support payments.

## E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents*, at [www.michigan.gov/childsupport](http://www.michigan.gov/childsupport) in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

\_\_\_\_\_  
Applicant or Attorney of Record Signature (Signature is required)

\_\_\_\_\_  
Applicant or Attorney of Record Printed Name

\_\_\_\_\_  
Date

If signed by an attorney, (s)he is acting on behalf of \_\_\_\_\_

\_\_\_\_\_  
Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**Return this completed application to your local Friend of the Court Office.**

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	<b>SUMMONS</b>	<b>CASE NO.</b>
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Court address Court telephone no.

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

v

Defendant's name, address, and telephone no.
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**Instructions:** Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (MC 21). The summons section will be completed by the court clerk.

**Domestic Relations Case**

- There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (MC 21) listing those cases.
- It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

**Civil Case**

- This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
  - MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
  - There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
  - A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in  this court,  \_\_\_\_\_ Court, where it was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_
- The action  remains  is no longer pending.

Summons section completed by court clerk.

**SUMMONS**

**NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside of Michigan).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require 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.

Issue date	Expiration date*	Court clerk
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\*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

<b>State of Michigan 20<sup>th</sup> Circuit Court Ottawa County</b>	<b>Complaint for Divorce</b> with children	<b>Case Number</b>
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**Court Address:** 414 Washington, Rm. 320, Grand Haven, MI, 49417      **Court Phone:** 616-846-8315

<b>Plaintiff</b> (person who starts the case)	<b>Defendant</b> (other party)
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Read through each number. If a number has check boxes, check the box or boxes that apply to your case. If a number does not have check boxes, you do not need to write anything. Questions 1-8 are facts about you, the other party, your children and your marriage. Questions 9-21 are your request for relief (what you are asking for).

**1. About the Plaintiff** (check all that apply)

My name before this marriage was: \_\_\_\_\_

- I do not live in Michigan.  
 I have lived in Michigan for at least the last 180 days (6 months).  
 I have lived in Ottawa County for at least the last 10 days.

**2. About the Defendant** (check all that apply)

The defendant's name before this marriage was: \_\_\_\_\_

- The defendant does not live in Michigan.  
 The defendant has lived in Michigan for at least the last 180 days (6 months).  
 The defendant has lived in Ottawa County for at least the last 10 days.

**3. Marriage and Separation**

We were married on (date) \_\_\_\_\_ in (city) \_\_\_\_\_,  
(state) \_\_\_\_\_.

- We currently live in the same household; **or**  
 We separated or began living in separate households on (date) \_\_\_\_\_.

**4. Pregnancy**

- Neither party is pregnant.  
 I am pregnant.  
 The defendant is pregnant.



**5. Children of the Marriage** (any children who were born or conceived during this marriage)

Minor Child's Name (under age 18)	Age	Born before marriage <sup>1</sup>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Adult Child's Name (over age 18 but under 19 ½, attending high school full time, and intending to graduate.	Age	Born before marriage
		<input type="checkbox"/>

One or more of the children listed above may have a biological father that is someone other than me or the defendant.<sup>2</sup>

**6. Children's Addresses**

A Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (MC 416) is attached to this complaint.

**7. Property**

We have property and/or debts to divide.

**8. Reason for Divorce**

There has been a breakdown of the marriage relationship to the extent that the objects of matrimony have been destroyed and there remains no reasonable likelihood that the marriage can be preserved.

**9. Request for Divorce**

I ask the court to enter a judgment of divorce.

<sup>1</sup> You will need to complete an Affidavit of Parentage for each child born to you and the defendant together before your marriage.

<sup>2</sup> You and the defendant will be the child's legal parents unless the court enters an order of non-paternity. You must file a motion and have a hearing before the court can issue an order of non-paternity.

**10. Custody**

Child's Name	Age	P = Plaintiff; D = Defendant; JT = Joint					
		Legal Custody			Physical Custody		
		<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT	<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT
		<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT	<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT
		<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT	<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT
		<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT	<input type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> JT

**11. Parenting Time** (visitation)

- As we agree (reasonable); **or**
- According to a specific schedule.

**12. Child Support**

- Child support should be set according to the Michigan Child Support Formula; **or**
- Other: \_\_\_\_\_

**13. Spousal Support** (alimony)

- None; **or**
- The defendant should pay spousal support.

**14. Real Property** (home or land)

- None<sup>3</sup>; **or**
- We lived in a house that one of us purchased before the marriage.
- The real property should be divided as follows:

Address	Tax Parcel Number	Awarded to:	Any debt will be paid by:
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

<sup>3</sup> A mobile home is considered personal property.

**15. Personal Property** (possessions, assets or business interests of any kind)

- We have already divided our personal property; **or**  
 The personal property should be divided as follows:

Item	Awarded to:
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

**16. Vehicles**

- None; **or**  
 The vehicles should be divided as follows:

Make and Model	VIN Number	Awarded to:	Any loan will be paid by:
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

**17. Debts**

- None; **or**  
 The debts should be divided as follows:

Amount	Creditor (person or company owed the debt)	Account Number (last 4 digits only)	Debt will be paid by:
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

**18. Retirement Accounts** (pensions, annuities, IRA, other types of retirement plans)

- None; **or**  
 We should keep our own retirement accounts.  
 I should receive part of the defendant's retirement accounts.

**19. Money Judgment**

- None; **or**
- The plaintiff should pay the Defendant \$ \_\_\_\_\_.
- The defendant should pay the plaintiff \$ \_\_\_\_\_.

**20. Name Change**

- None; **or**
- I want to change my name to: \_\_\_\_\_

**21. Other**

The statements above are true to the best of my knowledge.

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





<b>STATE OF MICHIGAN</b> CIRCUIT COURT - FAMILY DIVISION COUNTY	<b>CONFIDENTIAL CASE INVENTORY</b> (DOMESTIC RELATIONS AND JUVENILE CODE)	<b>CASE NO.</b>  <b>PETITION NO.</b>  <b>JUDGE</b>
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Plaintiff's name	v	Defendant's name
In the matter of _____		

**Instructions:** List any known pending or resolved family division or tribal court cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. File the completed form with the complaint or petition, but do not attach or staple together. Complete and file additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

**Note:** This form is confidential and not to be served on other parties in this case.

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case/File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



## Optional Forms

- Fee Waiver Request
- Request for Interpreter



<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

Plaintiff/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

**Instructions:** Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_
- My public assistance case number(s) (if any) is \_\_\_\_\_  
Write "none" if no case number. Do not write your SSN.

2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_

3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
Week/Two weeks/Month/Year
- The number of people in my household is \_\_\_\_\_
- My source of income is \_\_\_\_\_
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date	Signature
Approved, SCAO Form MC 20, Rev. 9/23 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)

**CLERK WAIVER**

1. Payment of filing fees is waived.

\_\_\_\_\_  
Signature of court clerk and date

**ORDER**

**IT IS ORDERED:**

1. Payment of filing fees is waived because:
- a. Your gross household income is under 125% of the federal poverty guidelines.
  - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

2. The fee waiver request is denied because:
- a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - b. Other:

\_\_\_\_\_  
Judge/Magistrate (when authorized) signature and date

**NOTICE**

**IF YOUR REQUEST WAS DENIED:** To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

\_\_\_\_\_  
Issue date (completed by clerk)

**REQUEST FOR INTERPRETER**

**CASE NO.**

Print the name of the court. 20th Circuit Court  
Court

If you have a court case and need an interpreter, complete this Request using the English alphabet. Then, date and sign it, and mail or give it to the court where your case is to be heard. If the court appoints an interpreter for you, the court may order you to pay for interpretation costs if you can afford to pay.

**Request for Interpreter**

I need an interpreter who speaks: \_\_\_\_\_  
Language

Print your full name. \_\_\_\_\_  
Full name

Print your mailing address. \_\_\_\_\_  
Mailing address

Print your telephone number. \_\_\_\_\_  
Telephone no.

Are you a party in this case, a witness, or another interested person? Check one.

- I am a party.
- I am a witness.
- I am an interested person (Describe your interest in the space below.)

I ask the court to appoint an interpreter so that I can fully participate in this case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# Instructions – DM

Packet 2

## Step 4: Notify the Other Party



You will need a helper to complete this step. Anyone over the age of 18, but not you, can help. The other party must receive (be served) a copy of the Summons and Complaint for Divorce.

### Personal Service

Your helper may hand the papers to the other party and ask the other party to sign the proof of service under “Acknowledgment of Service”. By signing, the other party is only acknowledging that they received the papers. If the other party will not sign the proof of service, that is ok. Your helper can complete the middle section of the proof of service and sign it in front of a notary.

### Service by Mail

Your helper can mail the paperwork to the other party. The paperwork must be sent by certified, restricted mail. Your helper will need to complete a card at the post office to request these services (green card). It will cost more to send the papers this way but it is very important that you pay the extra fee. If you do not use certified **and** restricted mail, someone else may sign for the papers. If someone other than the other party signs, you will need to send the papers again.

### Proof of Service

You should receive the completed proof of service back from your helper. If the forms were sent by mail, you will get the green card back. Look at the front of your summons. Find the box that says “This summons expires” and look at the date. You must file the completed proof of service before this date.



For more information about serving divorce papers, read “How to Serve Divorce Papers” at [www.michiganlegalhelp.org](http://www.michiganlegalhelp.org).

**PROOF OF SERVICE**

**TO PROCESS SERVER:** You must serve the summons and complaint and file proof of service with the court clerk before the expiration date on the summons. If you are unable to complete service, you must return this original and all copies to the court clerk.

**CERTIFICATE OF SERVICE / NONSERVICE**

I served  personally  by registered or certified mail, return receipt requested, and delivery restricted to the addressee (copy of return receipt attached) a copy of the summons and the complaint, together with the attachments listed below, on:

I have attempted to serve a copy of the summons and complaint, together with the attachments listed below, and have been unable to complete service on:

Name	Date and time of service
Place or address of service	
Attachments (if any)	

I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party.

I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	<b>\$</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of a copy of the summons and complaint, together with

\_\_\_\_\_  
Attachments (if any) on \_\_\_\_\_  
Date and time

\_\_\_\_\_  
Signature on behalf of \_\_\_\_\_

\_\_\_\_\_  
Name (type or print)



## Instructions – DM

Packet 3

### Step 5: Register for MiFILE



MiFILE is a secure website used to file court documents. As of December 1, 2018, you must use MiFILE to file your paperwork in Ottawa County. Instructions on how to register for MiFILE are attached.

#### E-Filing Waiver

If you have good cause (good reasons) why you cannot e-file, you can ask the court to allow you to file paper documents. You must fill out the Ex-Parte Motion and Order for Paper Filing on an E-Filing Case (E-Filing Waiver) and explain to the court why you cannot e-file. The judge will consider access to internet, amongst other factors, when determining if good cause exists. If the judge denies your request, you must file your documents electronically in order for your case to continue. The E-Filing Waiver is **not** included in this packet.<sup>1</sup>



For more information about E-Filing, read “What is E-Filing?” at <https://michiganlegalhelp.org>.

#### Facilitative and Information-Gathering Conference (FIG)

Friend of the Court (FOC) automatically receives a copy of your paperwork after you file. When the FOC office receives your paperwork, you will be scheduled for a FIG Conference. You should plan to attend the FIG conference about 2-3 weeks after filing your proof of service. After the FIG conference you will have a temporary order for child support, custody and parenting time.



You may call the FOC to discuss FIG conference options if you have a personal protection order (PPO) against the other party.

The number for the Friend of the Court office is **877-543-2660**.

---

<sup>1</sup> This form is available in the Legal Self-Help Center.

# MiFILE Instructions

## What is MiFILE?

MiFILE is a secure website you can use to file court documents. You will use MiFILE instead of going to the clerk's office or mailing your papers.

## Why do I need to know about MiFILE?

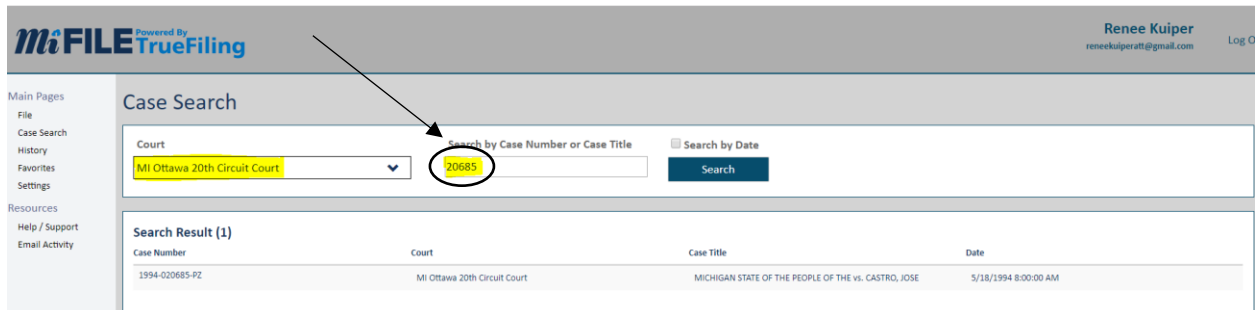
As of December 1, 2018, you are required to use MiFILE to file court documents in the 20<sup>th</sup> Circuit Court (Ottawa County) for certain case types. If you received this document, your case type is included in this mandate.

## What do I need to do?

- 1. Create an account.** Go to <https://mifile.courts.michigan.gov> and create an account. There is no fee to create an account. You will need the following information:
  - a. Email address
  - b. First name
  - c. Last name
  - d. Address
  - e. City
  - f. State
  - g. Zip code
  - h. Password (must be at least 8 characters (max 20) and include at least 1 capital letter, 1 lower case letter, 1 number and a symbol.)
- 2. Confirm your email.** After you create an account, you will receive an email asking you to confirm your account. Follow the directions in the email.
- 3. Add yourself as a case contact.** Log into MiFILE and add yourself as a case contact. See instructions below.

## Add yourself as a case contact.

Select MI Ottawa 20<sup>th</sup> Circuit Court from the "Court" drop down menu. Search for your case using the four- or five-digit middle number of your case number. Example: if your case number is 1994-020685-PZ, enter "20685" in the search box.



The screenshot shows the MiFILE Case Search interface. The 'Court' dropdown menu is set to 'MI Ottawa 20th Circuit Court'. The search box contains '20685'. The search results table shows one result for case number 1994-020685-PZ.

Case Number	Court	Case Title	Date
1994-020685-PZ	MI Ottawa 20th Circuit Court	MICHIGAN STATE OF THE PEOPLE OF THE vs. CASTRO, JOSE	5/18/1994 8:00:00 AM

Select your case from the search result. This will bring you to the Case Details Screen. Click “Add Myself/Connected User”.

**mFILE** Powered By TrueFiling Renee Kuiper  
reenekuiperatt@gmail.com Log Out

Main Pages  
File  
Case Search  
History  
Favorites  
Settings  
Resources  
Help / Support  
Email Activity

**Case Details** File to this Case

**MICHIGAN STATE OF THE PEOPLE OF THE vs. CASTRO, JOSE** ★  
1994-020685-PZ  
MI Ottawa 20th Circuit Court  
Case Type: Miscellaneous Proceedings

▼ **Case Contacts (10)**

Name	Role	Organization	Email
Bowling, Kevin	Attorney	20th Circuit Court	kbowling@miottawa.org
Kuiper, Renee	Attorney	Ottawa County Clerk	rkuiper@miottawa.org
Holt, Barbara	Pro Se	In Pro Per	bholt@miottawa.org
Rowden, Rebecca	Pro Se	20th Circuit Court	rrowden@miottawa.org
Petty, Steven	Pro Se	ImageSoft Inc	spetty@imagesoftinc.com
Lange, Elizabeth	Pro Se	Ottawa County Circuit Court Records	elange@miottawa.org
Rooks, Amy	Pro Se	County Clerk/Register of Deeds	arooks@miottawa.org
Whitney, Stew	Pro Se	Ottawa County	swhitney@miottawa.org
Corrigan, Lauren	Pro Se	Clerk/Register of Deeds	lcorrigan@miottawa.org

Add Myself / Connected User Add Other Counsel View Participant Activity

Once you click “Add Myself/Connected User”, a pop-up will appear. Check the box next to your name. Click “Add Selected”.

**Add Myself or a Connected User** ✕

Search for user by name or email Add New Connection

Name	Filer Type	Email
<input checked="" type="checkbox"/> Renee Kuiper	Pro Se	reenekuiperatt@gmail.com

Add Selected Cancel

To verify that you have successfully connected yourself to the case, look for the red “remove” button. If you see the red “remove” button, you have successfully added yourself as a case contact. Do not click the remove button. If you click the remove button, you will no longer receive documents filed on your case.

**mFILE** Powered By TrueFiling Renee Kuiper  
reenekuiperatt@gmail.com Log Out

Main Pages  
File  
Case Search  
History  
Favorites  
Settings  
Resources  
Help / Support  
Email Activity

**Case Details** File to this Case

**MICHIGAN STATE OF THE PEOPLE OF THE vs. CASTRO, JOSE** ★  
1994-020685-PZ  
MI Ottawa 20th Circuit Court  
Case Type: Miscellaneous Proceedings

▼ **Case Contacts (10)**

Name	Role	Organization	Email
Bowling, Kevin	Attorney	20th Circuit Court	kbowling@miottawa.org
Kuiper, Renee	Attorney	Ottawa County Clerk	rkuiper@miottawa.org
<b>Kuiper, Renee</b>	Pro Se	Clerk's Office	reenekuiperatt@gmail.com
Holt, Barbara	Pro Se	In Pro Per	bholt@miottawa.org
Rowden, Rebecca	Pro Se	20th Circuit Court	rrowden@miottawa.org
Petty, Steven	Pro Se	ImageSoft Inc	spetty@imagesoftinc.com
Lange, Elizabeth	Pro Se	Ottawa County Circuit Court Records	elange@miottawa.org
Rooks, Amy	Pro Se	County Clerk/Register of Deeds	arooks@miottawa.org
Whitney, Stew	Pro Se	Ottawa County	swhitney@miottawa.org
Corrigan, Lauren	Pro Se	Clerk/Register of Deeds	lcorrigan@miottawa.org

Add Myself / Connected User Add Other Counsel View Participant Activity



## File your document.

Select "File to this Case".

**mFILE** Powered By TrueFiling Renee Kuiper  
reenekuiperatt@gmail.com Log Out

Main Pages  
File  
Case Search  
History  
Favorites  
Settings  
Resources  
Help / Support  
Email Activity

**Case Details** File to this Case

**MICHIGAN STATE OF THE PEOPLE OF THE vs. CASTRO, JOSE** ★  
1994-020685-PZ  
MI Ottawa 20th Circuit Court  
Case Type: Miscellaneous Proceedings

**Case Contacts (10)**

Name	Role	Organization	Email
Bowling, Kevin	Attorney	20th Circuit Court	kbowling@miottawa.org
Kuiper, Renee	Attorney	Ottawa County Clerk	rkuiper@miottawa.org
Kuiper, Renee	Pro Se	Clerk's Office	reenekuiperatt@gmail.com <span style="float: right;">Remove</span>
Holt, Barbara	Pro Se	In Pro Per	bholt@miottawa.org
Rowden, Rebecca	Pro Se	20th Circuit Court	rrowden@miottawa.org
Petty, Steven	Pro Se	Imagesoft Inc	spetty@imagesoftinc.com
Lange, Elizabeth	Pro Se	Ottawa County Circuit Court Records	elange@miottawa.org
Rooks, Amy	Pro Se	County Clerk/Register of Deeds	arooks@miottawa.org
Whitney, Stew	Pro Se	Ottawa County	swhitney@miottawa.org
Corrigan, Lauren	Pro Se	Clerk/Register of Deeds	lcorrigan@miottawa.org

[Add Myself / Connected User](#) [Add Other Counsel](#) [View Participant Activity](#)

Your name will appear in the "Filer" box. Click where it says "click here" to upload your file.

**mFILE** Powered By TrueFiling Renee Kuiper  
reenekuiperatt@gmail.com Log Out

Main Pages  
File  
Case Search  
History  
Favorites  
Settings  
Resources  
Help / Support  
Email Activity

**File to:** MI Ottawa 20th Circuit Court  
**Case Number:** 1994-020685-PZ  
**Case Title:** MICHIGAN STATE OF THE PEOPLE OF THE vs. CASTRO, JOSE

Client / Matter Number (optional)

**Filer:** Kuiper, Renee Don't see your firm?  File Document  Serve Document

Max File Size: 5.00 MB

Click Here to Upload File(s) -or- Drag and Drop [Download Form](#)

Select the correct filing type. Select who should receive a copy of the document from the list of service recipients (case contacts).

**mFILE** Powered By TrueFiling Renee Kuiper  
reenekuiperatt@gmail.com Log Out

Main Pages  
File  
Case Search  
History  
Favorites  
Settings  
Resources  
Help / Support  
Email Activity

Filing Name	File Size	Filing Type	Upload Status	Fee
notice of hearing	14.66 KB	<span style="border: 1px solid yellow; border-radius: 50%; padding: 2px;">MISCELLANEOUS - \$0.00</span>	<span style="color: green;">✓</span>	\$0.00

Max File Size: 5.00 MB

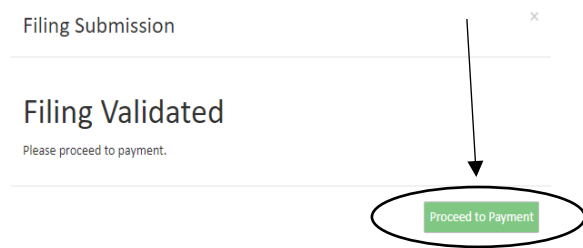
Select Service Recipients Click Here to Upload File(s) -or- Drag and Drop [Download Form](#)

First / Last Name	Role	Address	Service Type
Kevin Bowling	Attorney	kbowling@miottawa.org	e-Serve
Renee Kuiper	Attorney	rkuiper@miottawa.org	e-Serve

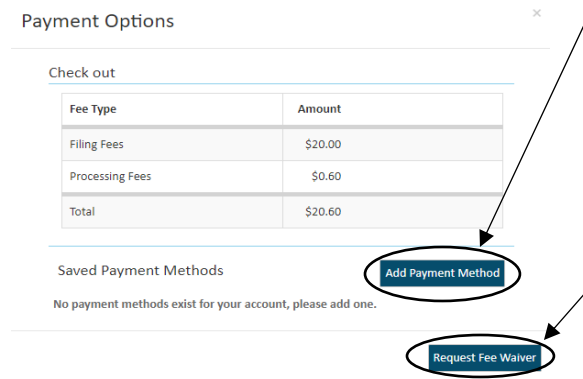
Click "Submit Filing(s)".

[Save Progress](#) Submit Filing(s) [Cancel Filing](#)

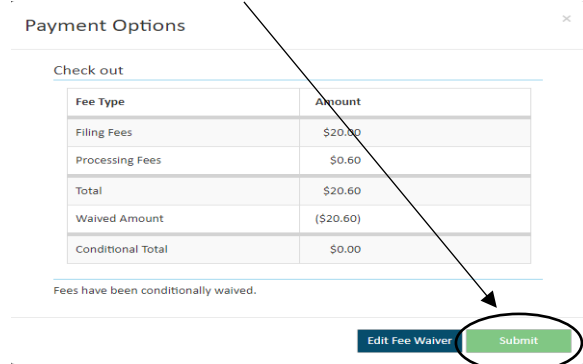
A pop-up will appear. Click "Proceed to Payment".



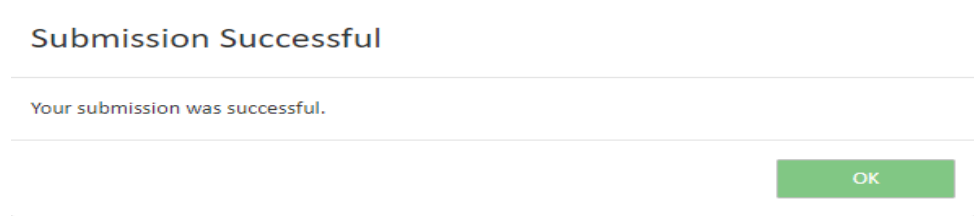
Another pop-up will appear. You can add a payment method or request a fee waiver.



Click submit.



If the following pop-up appears, your submission was successful. You should also receive an email indicating your documents were submitted to the court.



## Need Help?

If you need help with e-filing, go to the Clerk/Register's Office on the 3<sup>rd</sup> floor of the Grand Haven Courthouse during normal business hours. Normal business hours are Monday through Friday 8:00 am – 5:00 pm. Please note, the Clerk's office opens at 9:00 am (instead of 8:00 am) on the first Friday of the month.

If you have questions about using MiFile, please contact [support@truefiling.com](mailto:support@truefiling.com) or call (855) 959-8868.



## Instructions – DM

Packet 4

### Step 6: Keep the Case Going

If your helper **handed** papers to the other party, you must wait **21 days** from the date of service before taking your next step. If your helper **mailed** the papers, you must wait **28 days**. Identify how the other party responded to your complaint and complete the forms listed. These forms will need to be electronically filed (e-filed).

#### Judgment of Divorce

Your divorce judgment is a very important document. It is the court order that grants your divorce, explains how your property and debts will be divided, addresses child custody and identifies who will pay support. Every divorce is different and it is your responsibility to make sure your judgment addresses all the issues in your case. The judgment you received in this packet includes topics that everyone must address. However, you may need to address topics that are not included. Remember, this is your judgment. If you want to add something that is not included, you may do so.



**You must talk with an attorney if you have questions about what you can or should include in your judgment. You must also talk with an attorney if you need advice on what to do next.**

#### Answer

An answer is a written response to your complaint. The answer will let you know what the other party agrees or disagrees with. When an answer is filed, your case will be referred to mediation. If the other party files an answer, they must give you a copy. You may receive a copy via MiFILE (if you have added yourself as a case contact) or by mail. If you receive a copy of an answer, you should watch your mail for a notice from the court. This notice is called a scheduling order and it will explain your next steps.

#### Agreement

You can complete a consent judgment if you can work with the other party to resolve all issues regarding property division, custody and support. Both of you must agree to all terms of the judgment.

- Motion to Enter Judgment of Divorce
- Judgment of Divorce

#### No Answer, No Agreement

If the other party does not respond to the summons and complaint, you may file a default and request that the court enter a default judgment.

- Default (MC 07)
- Motion to Enter Judgment of Divorce
- Judgment of Divorce



## Instructions – DM

**You must include a Uniform Child Support Order (UCSO) with your Judgment of Divorce. The FOC will prepare a temporary UCSO at your FIG conference. You may use this temporary order as a guide to prepare your final UCSO.**

You must use your MiFILE account to file the Motion to Enter Judgment of Divorce and Notice of Hearing together, along with the Judgment of Divorce as one document.

**\*\*IMPORTANT\*\* At the same time, file the Judgment of Divorce only as a separate document. This document will be sent to the Friend of the Court for approval prior to your hearing. If this step is missed, the court hearing may be rescheduled.** If you attend your court hearing and the Judge makes any changes to the Judgment of Divorce, the copy the Judge signs will be filed with the clerk's office and your copy will be rejected as a duplicate.

### Step 7: Get a Hearing Date

You will need to get a hearing date before serving a copy of the Motion to Enter Judgment of Divorce on the other party. There are two ways to get a hearing date.



1. **Go to the Clerk's office.** Bring your completed motion to the Clerk's office and request a hearing date. The clerk can only schedule a hearing if your motion is complete. You cannot get a hearing date over the phone.
2. **Check your MiFILE account.** When you file your motion electronically without a hearing date the clerk will add the hearing date to your motion. You will be able to view the hearing date by reviewing your "Filed Stamped Copy" in MiFILE.

### Serve the Other Party

Complete the Proof of Service for Motion to Enter Judgment of Divorce and Notice of Final Hearing and file it electronically.



**If the other party has not added themselves as a case contact in MiFILE, you will need to serve them by mail.**

### Changing a Default Judgment

If you make any changes to your default judgment, you must notify the other party of the changes at least 14 days before your final hearing. You can notify the other party of the changes by sending an updated copy of your proposed judgment.

### Changing a Consent Judgment

You cannot make changes to a consent judgment without the approval of the other party. If you want to make changes and the other party does not agree, you will need to wait until your hearing and ask the judge or referee to make the changes. The judge will decide if your request should be granted.

### Before Your Hearing

If you have questions about completing your paperwork, come to the Legal Self-Help Center. Make 2 copies of your Judgment of Divorce, including any attachments.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	DEFAULT REQUEST AND ENTRY	CASE NO. and JUDGE
--	------------------------------	--------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name, address, and telephone no.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Plaintiff's attorney, bar no., address, and telephone no.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

v

Defendant's name, address, and telephone no.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Defendant's attorney, bar no., address, and telephone no.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Party in default: \_\_\_\_\_

**REQUEST**

1. I request the clerk to enter the default of the party named above for failure to plead or otherwise defend as provided by law.
2. The defaulted party is not an infant or incompetent person.
3.  It is unknown whether the defaulted party is in the military service.  The defaulted party is not in the military service.  The defaulted party is in the military but there has been notice of pendency of the action and adequate time and opportunity to appear and defend has been provided. Attached, as appropriate, is a waiver of rights and protections provided under the Servicemembers Civil Relief Act. Facts upon which this conclusion is based are: (specify)
4. This request is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this request.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Applicant/Attorney signature

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_ .  Acting in the County of \_\_\_\_\_ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

NOTE: Default can be entered by a district court clerk without the request of a party.

**DEFAULT ENTRY**

The default of the party named above for failure to plead or otherwise defend is entered.

\_\_\_\_\_

\_\_\_\_\_  
Court clerk signature and date

Use note: The party who sought the entry of the default is responsible for serving all parties in accordance with MCR 2.603(A)(2).

**CERTIFICATE OF MAILING**

I served a copy of this default request and entry on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>State of Michigan 20<sup>th</sup> Circuit Court Ottawa County</b>	<b>Motion to Enter Judgment of Divorce Notice of Hearing</b>	<b>Case Number</b>
--	--	--------------------

**Court Address:** 414 Washington, Rm. 320, Grand Haven, MI, 49417

**Court Phone:** 616-846-8315

<b>Plaintiff</b>	<b>Defendant</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

- A default was entered on \_\_\_\_\_; **or**  
 The defendant and I have worked together to complete our judgment of divorce.

I ask the court to enter the proposed judgment of divorce I have attached to this motion.

The statements I made above are true to the best of my knowledge.

Date: \_\_\_\_\_ Signed: /s/ \_\_\_\_\_

<b>Notice of Hearing</b> (when to come to court)
---

This motion has been scheduled for hearing on:

\_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
Day Date Time

In courtroom \_\_\_\_\_ at the court address listed above.

**Note:** If the judge agrees to enter the proposed judgment, this will be your final divorce hearing.

<b>State of Michigan 20<sup>th</sup> Circuit Court Ottawa County</b>	<b>Judgment of Divorce</b> with children	<b>Case Number</b>
--	---	--------------------

**Court Address:** 414 Washington, Rm. 320, Grand Haven, MI, 49417

**Court Phone:** 616-846-8315

<b>Plaintiff</b>	<b>Defendant</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

This is your final divorce judgment. It must include all agreements you've made with your spouse. The court can only enforce agreements that are included in this judgment.

### 1. Type of Judgment

This judgment is entered  after the defendant's default;  on agreement of the plaintiff and defendant;  after a hearing or trial.

### 2. Breakdown of the Marriage

The court finds that there has been a breakdown of the marriage relationship to the extent that the objects of matrimony have been destroyed and there remains no reasonable likelihood that the marriage can be preserved.

### 3. Divorce

The marriage between the plaintiff and defendant is ended and they are divorced.

### 4. Children Entitled to Support

The parties have children together that are under 18 or over 18 but entitled to support.

### 5. Responsibility to Cooperate

Children have a right to the love and affection of both parents. This right cannot be taken away. The plaintiff and defendant must promote strong parent-child relationships. They must also cooperate in carrying out the custody, support, and parenting time provisions of this judgment.

### 6. Child Support

See the attached [Uniform Child Support Order](#) (FOC 10/52 or 10a/52a).



**7. Custody**

Custody of the children is as follows:

Child's Name	Legal Custody	Physical Custody
	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint
	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint
	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint
	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint	<input type="checkbox"/> sole to plaintiff <input type="checkbox"/> sole to defendant <input type="checkbox"/> Joint

**8. Address Change**

When a parent with physical custody moves and the address of the children changes, they must promptly complete and file a [Change in Personal Information form](#) (FOC 108) with Friend of the Court.

**9. Moving to Another State**

Court approval is required to move the children out of Michigan.

**10. Moving Within Michigan**

- Court approval is required to move the children more than 100 miles from where they lived when this divorce began;<sup>1</sup> **or**
- The plaintiff and defendant lived more than 100 miles away from each other when this divorce began;<sup>2</sup> **or**
- The plaintiff or defendant (see **Custody** section above) has sole legal and sole physical custody. The children can be moved without court approval; **or**
- The plaintiff and defendant agree that the children may be moved without court approval.

**11. Parenting Time Schedule**

- The plaintiff and defendant will agree on a parenting time schedule (reasonable).
- Parties are ordered to participate in mediation for resolution of post judgment issues as directed by the Friend of the Court
- See attached.

---

<sup>1</sup> Pursuant to MCL 722.31

<sup>2</sup> MCL 722.31 does not apply.

**12. Parenting Time in a Foreign Country**

- The plaintiff and defendant will not have parenting time in a foreign country or nation that is not a party to the Hague Convention on the Civil Aspects of International Child Abduction.<sup>3</sup>
- The plaintiff and defendant agree  plaintiff  defendant may exercise parenting time in<sup>4</sup> \_\_\_\_\_, which is not a party to the Hague Convention on the Civil Aspects of International Child Abduction.

**13. Tax deductions**

- Plaintiff  Defendant will claim **all** deductions for **all** children for **all** tax years beginning in 20 \_\_\_\_; **or**
- Plaintiff will claim **all** deductions for **all** children in alternating  even  odd numbered years beginning in 20 \_\_\_\_\_. Defendant is entitled to the same deductions in alternating years from Plaintiff; **or**
- Deductions will be taken as follows:

Child's Name	Claimed by	Years	Year to Begin
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> All <input type="checkbox"/> Alternating	
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> All <input type="checkbox"/> Alternating	
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> All <input type="checkbox"/> Alternating	
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> All <input type="checkbox"/> Alternating	

- The  plaintiff  defendant will complete and file [IRS form 8332](#).
- Other: \_\_\_\_\_

**14. Spousal Support (alimony)**

- Spousal support is not awarded, and parties can't ask for it in the future. (Spousal support is forever barred.)
- The  plaintiff  defendant may ask for spousal support in the future. (Spousal support is reserved.)
- Spousal support is awarded to  plaintiff  defendant. A Uniform Spousal Support Order (FOC 10b or 10c) is attached.

**15. Real Property (house or land)**

- Parties do not own any real property together.

<sup>3</sup> [U.S. Hague Convention Treaty Partners](https://travel.state.gov/content/travel/en/International-Parental-Child-Abduction/abductions/hague-abduction-country-list.html) (https://travel.state.gov/content/travel/en/International-Parental-Child-Abduction/abductions/hague-abduction-country-list.html)

<sup>4</sup> Name of foreign country or nation.

Parties lived in a house that  plaintiff  defendant purchased before the marriage.

The real property is awarded as follows:

Address	Tax Parcel Number	Awarded to	Any debt will be paid by
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

The party awarded the property will prepare a quit claim deed. The other party will sign the quit claim deed upon request.

The party awarded the property will use their best efforts to refinance the home and remove the other party's name within \_\_\_\_\_ days. If unsuccessful, then

Other: \_\_\_\_\_

**16. Personal Property** (possessions, assets)

Each party is awarded the personal property currently in their possession. No transfer of property between parties is required.

Personal property is awarded as follows:

item	Awarded to
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

Other: \_\_\_\_\_

**17. Vehicles**

Parties don't own any vehicles together.

Vehicles are awarded as follows:

Make and Model	VIN Number	Awarded to	Any loan will be paid by
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
		<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant	<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

The party awarded the vehicle will use their best efforts to refinance the vehicle into their own name within \_\_\_\_\_ days of this judgment. If unsuccessful, then

Other: \_\_\_\_\_

### 18. Debts

- Parties have no debts together.  
 Each party is responsible for paying debts in their own name.  
 Debts are divided as explained below:

Amount	Creditor (person or company owed the debt)	Account Number (last 4 digits only)	Debt will be paid by
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant
			<input type="checkbox"/> plaintiff <input type="checkbox"/> defendant

Other: \_\_\_\_\_

### 19. Debt Collection (hold harmless)

- Does not apply.  
 If a party fails to pay a debt as ordered, and the creditor tries to collect the debt from the other party, the party who was ordered to pay the debt must hold the other party harmless from any collection action about the debt. This includes reimbursing the other party for any of the debt he/she paid and for attorney fees or costs related to defending against the collection action.  
 Other: \_\_\_\_\_

### 20. Retirement Accounts

- Parties don't have retirement accounts.  
 Each party is awarded their own retirement accounts.  
 The  plaintiff  defendant is awarded \_\_\_\_\_ % of the other party's retirement accounts.  
 The  plaintiff  defendant will have a QDRO<sup>5</sup> prepared and submitted to the court by \_\_\_\_\_, 20 \_\_\_\_.  
 Other: \_\_\_\_\_

### 21. Money Judgment

- Neither party requested a money judgment.  
 The  plaintiff  defendant must pay the other party \$ \_\_\_\_\_.

<sup>5</sup> A QDRO is a technical document that should be prepared by an attorney or someone familiar with the terms of the individual retirement plan and ERISA or other applicable law.

The court grants a judgment for this amount. Interest will be paid at the statutory interest rate.

Other: \_\_\_\_\_

## 22. Name Change

Neither party asked for a name change.

The plaintiff's name is changed to: \_\_\_\_\_

The defendant's name is changed to: \_\_\_\_\_

## 23. Life Insurance

The parties don't own any life insurance policies.

Parties can't benefit from any insurance policy on the life of the other party. Each Any interests of either party in any insurance policy or insurance contract on the life of the other party are extinguished. Each party holds his or her policy or policies free and clear of the other party.

## 24. Documents

Each party will properly prepare and deliver to the other party all documents required to divide property and debt as ordered in the judgment within 30 days of the date of this judgment. If necessary, a certified copy of this judgment may be recorded with the register of deeds in any county of this state where property is located.

## 25. Hidden Assets

If a party discovers hidden assets, they may file a motion to request distribution of them.

## 26. Health Insurance Availability Through COBRA

Either party may obtain coverage for themselves under the other party's present medical or health insurance policy carried through their employer under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Each party must, immediately upon entry of this judgment of divorce, notify their respective plan administrator of this provision.

## 27. Prior Orders

Unless noted in this judgment, any temporary orders are ended.

## 28. Effective Date of Judgment

This judgment is effective immediately after it is signed by the judge and filed with the clerk.

## 29. Suspended Fees and Costs

Fees in this case have been paid.

Fees in this case will be paid by  plaintiff  defendant.

Fees and costs in this case are waived.

**30. Case Closure**

This judgment resolves the last pending claim and closes this case, except to the extent jurisdiction is retained by law.

**31. Other Provisions**

See attached.

This document is  an agreement of the parties (consent);  presented by me (default).  
I have read it and understand what it says.

/s/ \_\_\_\_\_  
Plaintiff Signature

/s/ \_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Date: \_\_\_\_\_

Judge: \_\_\_\_\_

The following **must** be attached to this judgment:

- FOC 10/52 or FOC 10a/52a (uniform child support order)
- Child support guidelines
- FOC 10d (if child support deviates from the guidelines)
- FOC 10b or FOC 10c (if spousal support is awarded)
- Legal description of real property (if legal property is awarded)

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>UNIFORM CHILD SUPPORT ORDER</b> <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	<b>CASE NO. and JUDGE</b>
--	--	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name, address, and telephone no.	<b>v</b>	Defendant's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, 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/consent of the parties.
- The friend of the court recommends child 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 11 or 12:  
 Standard provisions have been modified (see item 11 or 12).

**1. The children who are supported under this order and the payer and payee are:**

Payer:	Payee:
Children's names and annual overnights with payer:	
Children's names	Overnights

Effective \_\_\_\_\_, the payer shall pay a monthly child support obligation for the children named above.

1. **Item 1** (continued).

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:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
<b>Total:</b>	\$	\$	\$	\$	\$

Support was reduced because payer's income was reduced.

**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 \_\_\_\_\_.

**Obligation Ends.** Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18.

**Post-majority Support:** The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age:  
(Specify name of child and date obligation ends.)

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**Child Care.** The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

2. **Health-Care Coverage.** For the benefit of the children, the  plaintiff  defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is accessible to the child and available at a reasonable cost. The reasonable cost is the parent's net cost of adding the children to the parent's coverage  
 up to a maximum of \$ \_\_\_\_\_ for plaintiff.  up to a maximum of \$ \_\_\_\_\_ for defendant.  
 not to exceed 6% of the plaintiff's/defendant's gross income.
3. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 12.
4. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect 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.
5. **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.



6. **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 driver's 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.
7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Michigan Department of Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.
8. **Redirection and Abatement.** As provided by MCL 552.605d and subject to statutory procedures, the friend of the court may redirect support paid for a child to the person who is providing the actual care, support, and maintenance of that child, and shall abate support charges to zero for a child who resides on a full-time basis with the payer of support or if the payer of support will be incarcerated for 180 consecutive days or more without the ability to pay.
- When friend of the court becomes aware that the payer's condition meets the definition of incapacitation as defined in the current or subsequent Michigan Child Support Formula, monthly support charges shall abate and be temporarily reduced to zero effective the date that the friend of the court office provides notice of the abatement to the parties and to the court. Support charges shall be reinstated effective 60 days after the incapacitation ends. The office shall provide notice of reinstatement to the parties and to the court that specifies the date charges will be effective.
- Either party may object to the abatement or reinstatement by filing a written objection with the court within 21 days following when the notice was filed, or by filing a motion. If a timely objection is received, the friend of the court shall either set the objection for hearing or complete a support review with an effective date no earlier than the date of filing of that notice.
- Based on a motion by either party or a recommendation following a review by the friend of the court, the amount abated may be later corrected based on the parties' incomes or ability to pay during the abatement period.
9. **Fees.** The payer of support shall pay statutory and service fees as required by law.
10. **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.
11. **Michigan Child Support Formula Deviation.** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.
12. **Other:** (Attach separate sheets as needed.)

13. **Prior Orders. This order supersedes all prior child support orders and all continuing provisions are restated in this order.** Past-due amounts owed under any prior support order in this case are preserved and paid at the rate calculated using the arrearage guideline in the Michigan Child Support Formula.

\_\_\_\_\_  
Judge signature and date

\_\_\_\_\_  
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 served a copy of this uniform child support order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203.  I also served the Deviation Addendum (FOC 10d) with this order. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Deviation Addendum

The court **must** order support according to the Michigan Child Support Formula **unless** the application of the formula would be unjust (unfair) or inappropriate.

If you are following the child support formula, you do **NOT** need to fill out the attached deviation addendum.

If you believe application of the child support formula would be unjust or inappropriate, you may ask the court to order a different support amount by completing the attached deviation addendum. On the second page of the deviation addendum (question 2.b.) you must explain which deviation factors you relied on to determine that application of the Michigan Child Support Formula would be unjust or inappropriate. The deviation factors are listed below.

1. The child has special needs.
2. The child has extraordinary educational expenses.
3. A parent is a minor.
4. The child's residence income is below the threshold to qualify for public assistance, and at least one parent has sufficient income to pay additional support that will raise the child's standard of living above the public assistance threshold.
5. A parent has a reduction in the income available to support a child due to the extraordinary levels of jointly accumulated debt.
6. The court awards property in lieu of support for the benefit of the child.
7. A parent is incarcerated with minimal or no income or assets.
8. A parent has incurred, or is likely to incur, extraordinary medical expenses for either that parent or a dependent.
9. A parent receives bonus income in varying amounts or at irregular intervals.
10. Someone other than the parent can supply reasonable and appropriate health care coverage.
11. A parent provides substantially all the support for a stepchild, and the stepchild's parents earn no income and are unable to earn income.
12. A child earns an extraordinary income.
13. The court orders a parent to pay taxes, mortgage installments, home insurance premiums, telephone or utility bills, etc., before entry of a final judgment or order.
14. A parent must pay significant amounts of restitution, fines, fees, or costs associated with that parent's conviction or incarceration for a crime other than those related to failing to support children, or a crime against a child in the current case or that child's sibling, other parent, or custodian.
15. A parent makes payments to a bankruptcy plan or has debt discharged, when either significantly impacts the monies that parent has available to pay support.
16. A parent provides a substantial amount of a child's day-time care and directly contributes toward a significantly greater share of the child's costs than those reflected by the overnights used to calculate the offset for parental time.
17. A child in the custody of a nonparent-recipient spends a significant number of overnights with the payer that causes a significant savings in the nonparent-custodian's expenses.
18. The court ordered non-modifiable spousal support paid between the parents before October 2004.
19. When a parent's share of net child care expenses exceeds 50 percent of that parent's base support obligation calculated under §3.02 before applying the parental time offset.
20. When the amount calculated does not exceed \$15, and the administrative cost to enforce and process payments outweighs the benefit of the minimal amounts.
21. Any other factor the court deems relevant to the best interests of a child.

<b>STATE OF MICHIGAN</b> 20th <b>JUDICIAL CIRCUIT</b> Ottawa <b>COUNTY</b>	<b>UNIFORM CHILD SUPPORT ORDER</b> <b>DEVIATION ADDENDUM</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 414 Washington, Room 320, Grand Haven, MI 49417	<b>Court telephone no.</b> 616-846-8315
---	--

Plaintiff's name	<b>v</b>	Defendant's name
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**THE COURT FINDS:**

1. Paragraph(s) \_\_\_\_\_ in the preceding pages of the uniform order deviate from the Michigan Child Support Formula and are warranted to avoid an unjust or inappropriate result.  
(Specify paragraph number.)
2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
  - a. The child support obligation that would be ordered by applying the Michigan Child Support Formula is:

Payer:	Payee:
<b>Children's names and annual overnights with payer:</b>	
Children's names	Overnights

Children supported	1 child	2 children	3 children	4 children	5 or more children
<b>Base Support: (includes support plus or minus premium adjustment for health-care insurance)</b>					
Support:	\$	\$	\$	\$	\$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Support was reduced because payer's income was reduced.

**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 \_\_\_\_\_.

(Item 2 continued.)

**Health-Care Coverage.** For the benefit of the children, the  plaintiff  defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is accessible to the child and available at a reasonable cost. The reasonable cost is the parent's net cost of adding the children to the parent's coverage

- up to a maximum of \$ \_\_\_\_\_ for plaintiff.  up to a maximum of \$ \_\_\_\_\_ for defendant.
- not to exceed 6% of the plaintiff's/defendant's gross income.

b. Applying the Michigan Child Support Formula is unjust or inappropriate because: (Specify the deviation factors relied on.)

c. The child support order deviates from the Michigan Child Support Formula as follows:

(Specify which provisions of the child support formula create an unjust or inappropriate result and explain how this order deviates from the provisions.)

d. The value of property or other support awarded instead of the payment of child support: (If not applicable, put none.)

\_\_\_\_\_  
Plaintiff (if consent/stipulation) Date Defendant (if consent/stipulation) Date

\_\_\_\_\_  
Plaintiff's attorney Date Defendant's attorney Date

Prepared by: \_\_\_\_\_  
Name (type or print)

**NOTE:** When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.

<b>State of Michigan 20<sup>th</sup> Circuit Court Ottawa County</b>	<b>Proof of Service</b>	<b>Case Number</b>
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**Court Address:** 414 Washington, Rm. 320, Grand Haven, MI, 49417

**Court Phone:** 616-846-8315

<b>Plaintiff</b>	<b>Defendant</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone #: _____	Phone #: _____

I served the defendant with copies of the paperwork listed below on (date) \_\_\_\_\_.

Paperwork that was served:

- Default<sup>1</sup>
- Motion to Enter Judgment of Divorce
- Proposed Judgment of Divorce
- Notice of Hearing
- Other: \_\_\_\_\_

How the paperwork was served<sup>2</sup>:

- Sent by ordinary first-class mail; **or**
- Handed to the defendant; **or**
- Sent electronically through MiFILE.

The statement I made above is true to the best of my knowledge.

Date: \_\_\_\_\_ Signed: /s/ \_\_\_\_\_

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<sup>1</sup> According to MCR 3.210(B)

<sup>2</sup> According to MCR 2.107



## Instructions – DM

Packet 5

### Step 8: **Attend Final Hearing**



Organize your paperwork and bring it with you to court. Go into the assigned courtroom before your hearing time. The judge/referee will not look for you in the hallway. The judge may be listening to another case. That is ok. Sit quietly in the courtroom and wait for the judge to call your name or case number. When your case is called, bring your completed judgment to the judge. Keep your testimony sheet. This is your “cheat sheet”. The judge may ask you to read the testimony sheet. Or, the judge may ask you questions from the sheet. You will not turn the testimony sheet in.

### **After Your Hearing**

Go to the court clerk’s office and get your copies. If your hearing is in front of a referee, your copies will not be available right away. After your hearing, the referee will bring your paperwork to the judge. The judge may not be able to sign your paperwork right away. If you provide 2 stamped envelopes (one addressed to you, one addressed to the other party), the court clerk will mail copies of the judgment once it is signed. Complete the Proof of Service for Final Judgment and file the proof of service electronically.

## Testimony

My full name is \_\_\_\_\_.

My address is \_\_\_\_\_, and I am the plaintiff in this case.

1. I married the Defendant on \_\_\_\_\_ (marriage date) at \_\_\_\_\_ (marriage location).

2. I filed a complaint for divorce on \_\_\_\_\_ (filing date).

3. I lived in Michigan for 180 days and in Ottawa County for 10 days immediately prior to filing this Complaint.

4. When I filed my complaint for divorce all the statements were true.

5. All the statements in my complaint for divorce are still true today.

6. There has been a breakdown of the marriage relationship such that the objects of matrimony have been destroyed and there remains no reasonable likelihood that the marriage can be preserved.

7. I do not believe there is any possibility of reconciliation.

8.

I am not currently pregnant; **OR**

To the best of my knowledge, my wife is not currently pregnant.

9.

**With Children:** The Defendant and I have \_\_\_\_\_ (number) minor children together. Their names and ages are:

\_\_\_\_\_  
\_\_\_\_\_

**Without Children:** There are no minor children of this marriage.

10. I have read all of the terms of the proposed Judgment of Divorce and am in agreement with them.

11. (For wife only) I would like the court to allow me to use my prior surname, \_\_\_\_\_.

I ask that this Court grant an absolute judgment of divorce.

Thank you, Your Honor.



<b>State of Michigan</b> <b>20<sup>th</sup> Circuit Court</b> <b>Ottawa County</b>	<b>Proof of Service</b> Judgment of Divorce	<b>Case Number</b>
--	--	--------------------

**Court Address:** 414 Washington, Rm. 320, Grand Haven, MI, 49417

**Court Phone:** 616-846-8315

<b>Plaintiff</b>	<b>Defendant</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

On (date) \_\_\_\_\_, I served a copy of the Judgment of Divorce on the other party.

- I mailed a copy by ordinary first-class mail; **or**  
 I personally handed him/her a copy; **or**  
 I sent a copy electronically through MiFILE.

The statement I made above is true to the best of my knowledge.

Date: \_\_\_\_\_ Signed: /s/ \_\_\_\_\_