

Divorce **with** Children (DM)

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Instructions
Divorce with Children (DM)

Packet 1

Step 1: Complete Paperwork

Check the boxes below as you complete each form.

Required in Ottawa County:

- ☐ Record of Divorce (DCH 0838)
- ☐ Verified Statement (FOC 23)
- ☐ Application for IV-D Child Support Services (DHS 1201-D)
- ☐ Summons (MC 01)
- ☐ Complaint for Divorce
- ☐ Uniform Child Custody Jurisdiction Enforcement Act Affidavit (UCCJEAA) (MC 416)

Required if Applicable:

- ☐ Confidential Case Inventory (MC 21)

Optional:

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

Step 2: Register for MiFILE & File Paperwork

MiFILE is a secure website used to file court documents. Instructions on how to register for MiFILE are attached.

E-Filing Waiver

If you have good reason(s) 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, among other factors, when deciding if good cause exists. If the judge denies your request, you must file your documents using MiFIle in order for your case to continue. The E-Filing Waiver is **not** included in this packet.

Filing the Paperwork

The cost to file for divorce with children is **$255**. You must pay the filing fee by credit card. File the above documents using MiFILE. If you have questions about filing paperwork, call the Legal Self-Help Center. The phone number is **(616) 846-8141.**

Fee Waiver

If you can't pay the filing fee, you may ask the court to waive the fee. 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 will be started. For more information about fee waivers, read "Fee Waivers in Court Cases" at

https://michiganlegalhelp.org/self-help-tools/going-court/fee-waivers-court-cases

REVISED - This version is only for use by self-represented litigants in Ottawa County

State File Number

RECORD OF DIVORCE OR ANNULMENT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
By authority of MCL 333.2813.

Court Case Number

Ottawa

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 _____
(Month, Day, Year)

15. Date Couple Last Resided 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.

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT Ottawa COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE

Friend of the court address
12240 Fillmore St,., West Olive, MI 49460

Telephone no.

Information about you:

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.
☐ Yes ☐ 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.)

Information about the other parent in this case:

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.
☐ Yes ☐ No ☐ 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.)

Distribute form to:
Friend of the Court
Plaintiff/Attorney
Defendant/Attorney

Case No. _____

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? ☐ Mother ☐ Father	☐ Mother ☐ Father ☐ 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 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.

Approved, SCAO

Original - Court
1st copy - Defendant

2nd copy - Plaintiff
3rd copy - Return

STATE OF MICHIGAN 20TH JUDICIAL DISTRICT JUDICIAL CIRCUIT OTTAWA COUNTY	SUMMONS	CASE NO.

Court address

12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.

616-846-8315

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

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

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

State of Michigan 20th Circuit Court Ottawa County	**Complaint for Divorce** with children	**Case Number**

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff (person who starts the case)		**Defendant** (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**[1]
		☐
		☐
		☐
		☐

Adult Child's Name (over age 18 but under 19 ½, attending high school full time, and intending to graduate.	**Age**	**Born before marriage**
		☐

☐ One or more of the children listed above may have a biological father that is someone other than me or the defendant.[2]

6. Children's Addresses

A Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (MC 416) is filed in conjunction with 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.

[1] You will need to complete an Affidavit of Parentage for each child born to you and the defendant together before your marriage.

[2] 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
		☐ P ☐ D ☐ JT	☐ P ☐ D ☐ JT
		☐ P ☐ D ☐ JT	☐ P ☐ D ☐ JT
		☐ P ☐ D ☐ JT	☐ P ☐ D ☐ JT
		☐ P ☐ D ☐ JT	☐ P ☐ D ☐ 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[3]; **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:
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ defendant
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ defendant

[3] 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:
	☐ plaintiff ☐ defendant
	☐ plaintiff ☐ defendant
	☐ plaintiff ☐ 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:
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ defendant
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ 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:
			☐ plaintiff ☐ defendant
			☐ plaintiff ☐ defendant
			☐ plaintiff ☐ 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

STATE OF MICHIGAN 20TH JUDICIAL CIRCUIT PROBATE COURT OTTAWA COUNTY	UNIFORM CHILD CUSTODY JURISDICTION ENFORCEMENT ACT AFFIDAVIT	CASE NO. and JUDGE

Court address

12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.

616-846-8315

Plaintiff's name	v	Defendant's name

In the matter of _____

1. The name and present address of each child (under 18) in this case is:

2. The Cities/States/Countries the child(ren) have lived in during the last 5 years along with the dates the child(ren) lived there (include addresses if available):

3. The name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:

4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this state or any other state, **except**: Specify case name and number, court name and address, and date of child custody determination, if one.

Distribute form to:
Court
FOC (if applicable)
Defendant/Respondent
Plaintiff/Petitioner

5. I do not know of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this state or any other state, **except**: Specify case name and number, court name and address, and nature of the proceeding.

That proceeding ☐ is continuing. ☐ has been stayed by the court.
☐ Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation

6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except**: State name(s) and address(es) of each person.

7. The child(ren)'s "home state" is _____ . ***See definition of "home state" below.

☐ 8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

_____ _____ _____
Signature of affiant Name of affiant (type or print) Address of affiant

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.

***"Home state" means the state in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the state in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period. MCL 722.1102(g).



Optional Forms

- Confidential Case Inventory (to be used when there are other cases between you and the other party)
- Fee Waiver Request
- Request for Interpreter

STATE OF MICHIGAN CIRCUIT COURT - FAMILY DIVISION OTTAWA **COUNTY**	**CONFIDENTIAL CASE INVENTORY (DOMESTIC RELATIONS AND JUVENILE CODE)**	**CASE NO.** **PETITION NO.** **JUDGE**

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) ☐ This court ☐ Other court or tribunal:		
Case name		Case/File no.
Assigned judge	Case status ☐ Pending ☐ Resolved	Are support or custody/parenting time orders in effect? ☐ Support ☐ Custody/Parenting Time

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

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

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

_____ _____

Date Signature

JIS Code: OSF

STATE OF MICHIGAN 20th JUDICIAL DISTRICT JUDICIAL CIRCUIT Ottawa COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE

Court address
12240 Fillmore St, West Olive MI 49460

Court telephone no.
616-846-8315

Plaintiff/Petitioner's name, address, and telephone no.		Defendant/Respondent's name, address, and telephone no.
	V	
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)
Print or type your name

☐ 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 Social Security Number

☐ 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 _____

Distribute form to:
Court
Applicant
Other parties
Friend of the court (when applicable)

SRA

Case No. _____

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)

Original - Case file
Copy - Requester

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

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. For more information on MiFILE, you may visit https://www.courts.michigan.gov/49d681/siteassets/mifile/mifile-quick-reference-guide2.pdf

Why do I need to know about MiFILE?

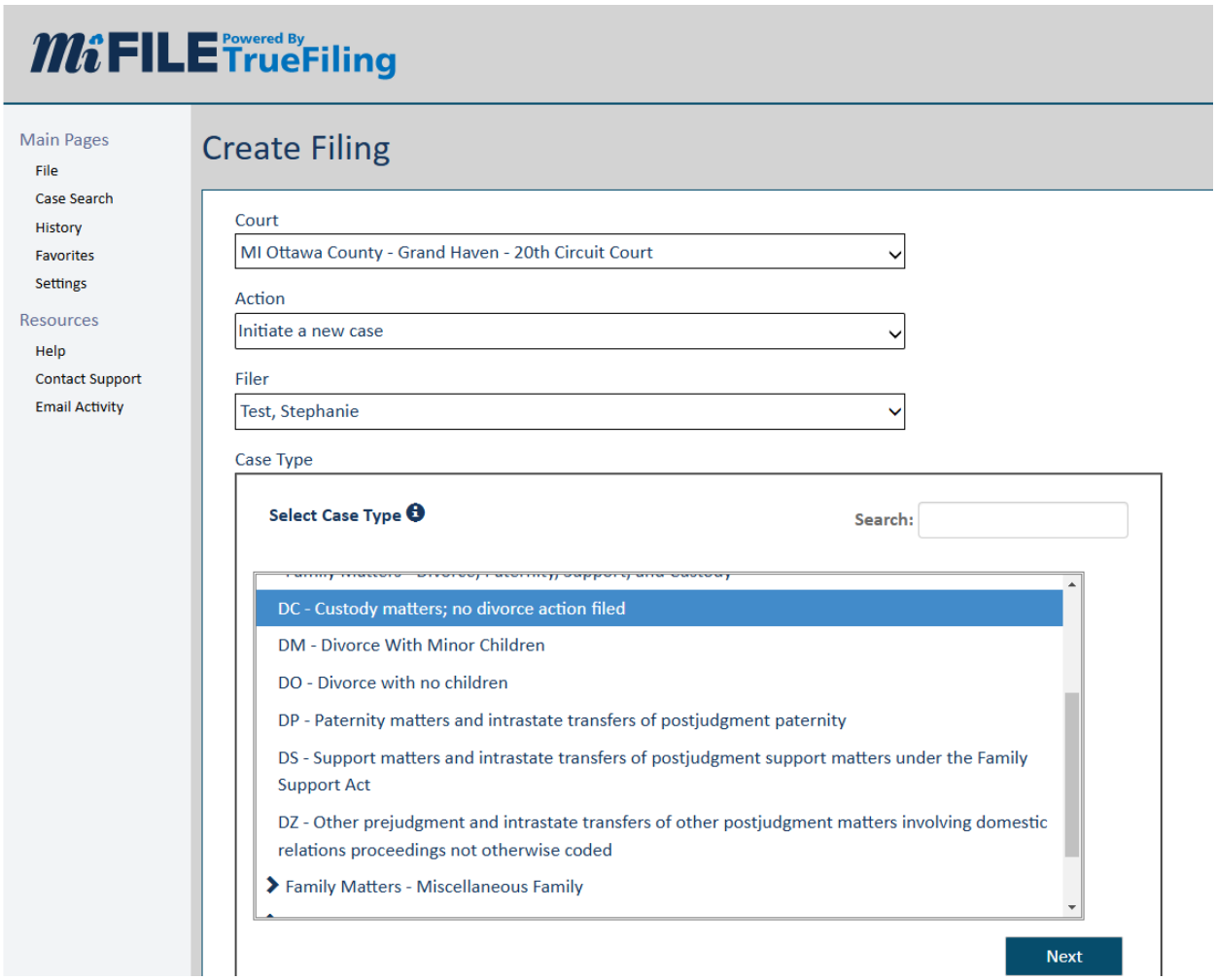
As of December 1, 2018, you are required to use MiFILE to file court documents in the 20th Circuit Court (Ottawa County) for certain case types. Beginning December 16, 2024, you are required to use MiFILE to initiate a case. If you received this document, your case type is included in this mandate.

What do I need to do?

1. **Create an account.** Go to https://mifile.courts.michigan.gov and create and 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. **Log In.** Once you log into MiFILE, there is a menu on the left. Click on "File". You will see a drop-down title "Court". Choose "Ottawa County Trial Courts" and "Ottawa County – 20th Circuit Court". Under "Action", choose "Initiate a New Case". You will then see your name in the "Filer" drop-down. Under "Case Type", choose the type of case you are starting (Family Matters - Divorce, Paternity, Support, Custody)



4. **Party Details.** This will populate a screen to fill in your information and the information on the other party:
    a. Last name, first name
    b. Address
    c. City
    d. State
    e. Zip
    f. Phone
    g. Email

5. **Related Domestic Actions.** This is asking if there are any other cases between yourself and the other party. If there are other cases between you and the other party, you will need to complete and file the “confidential case inventory” (MC 21).

6. **Filing to the Case.** Under “Filer”, click on the drop-down and choose yourself. You will now upload the documents to your case. Please note, you **must** file each of the documents separately. Under “Select or Type Filing Type”, if the name of the document is not listed, choose “Other”:

   Required Forms:

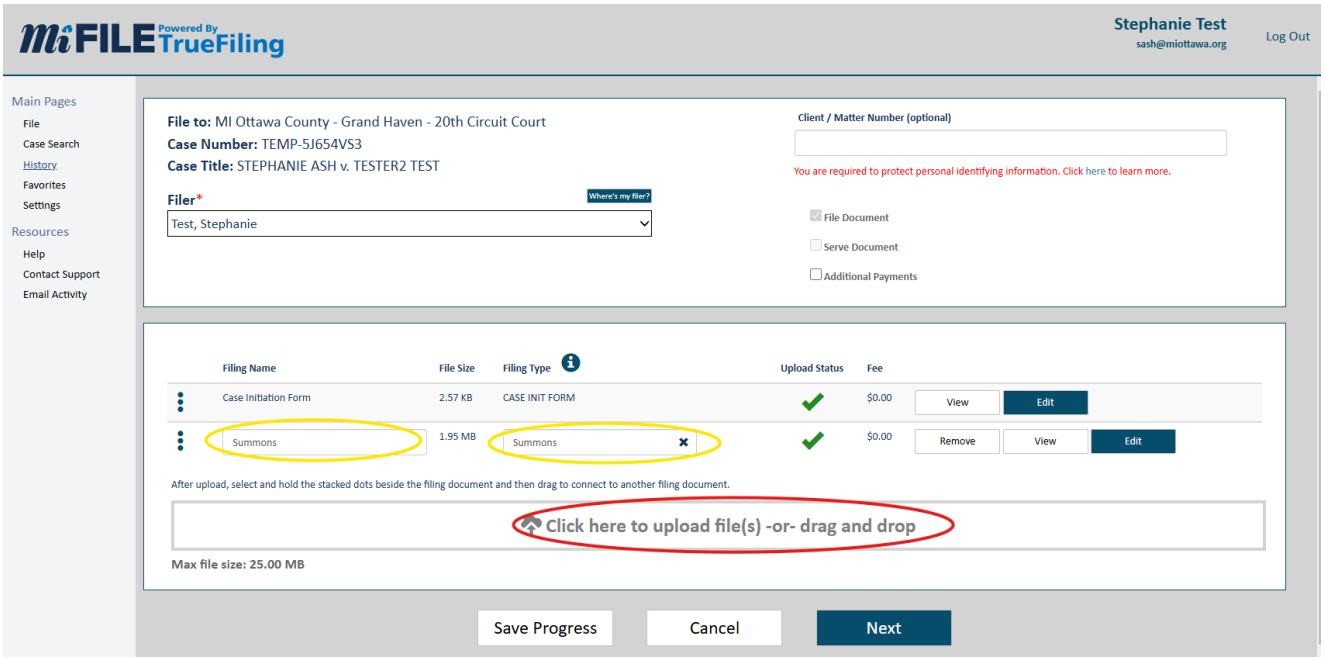
   a. Summons
   b. Complaint for Divorce/Custody
   c. Record of Divorce/Annulment
   d. Verified Statement (Other)
   e. Application for IV-D Child Support Services (Other)
   f. Uniform Child Custody Jurisdiction Enforcement Act Affidavit (Other)

   Required if Applicable:

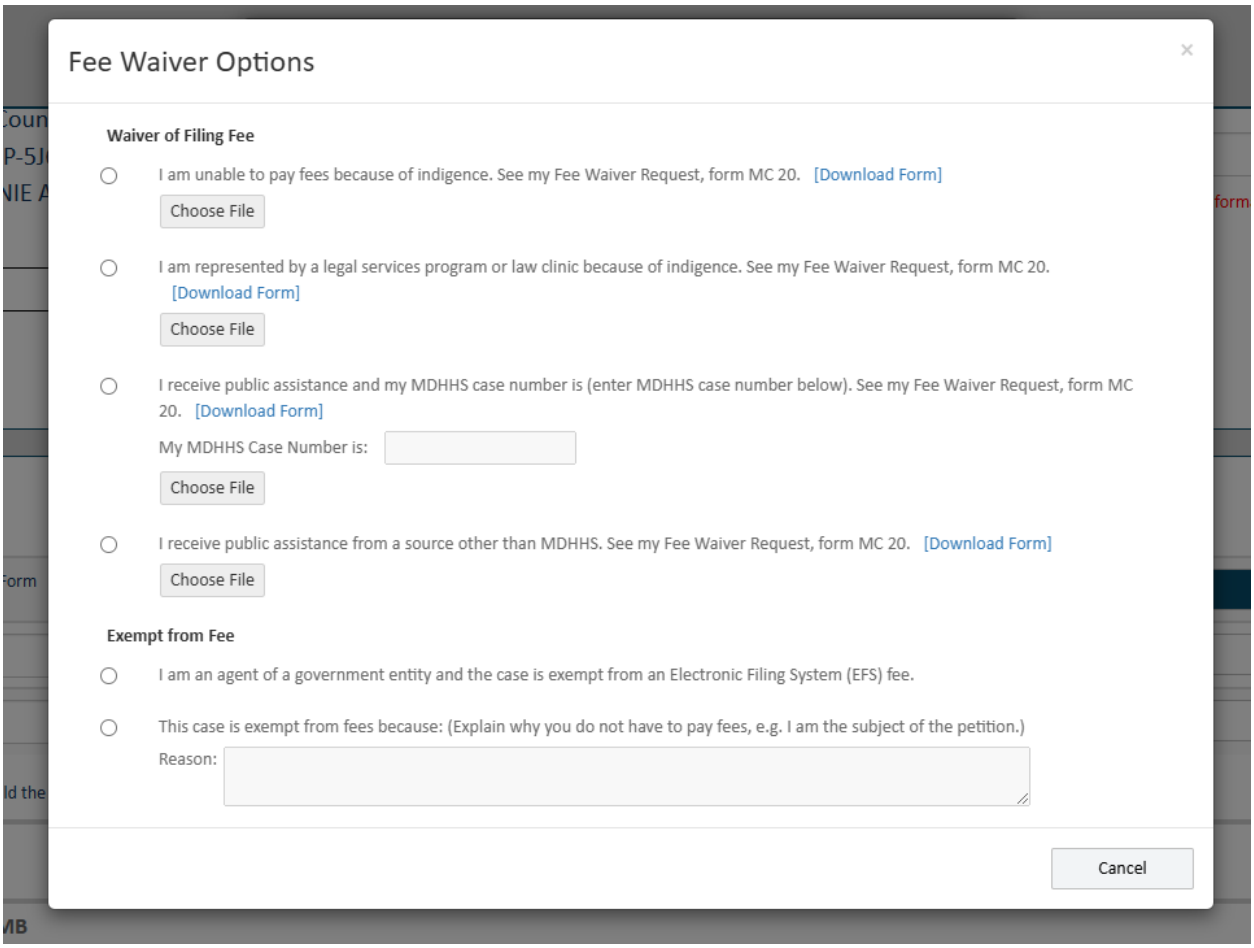
   g. Confidential Case Inventory

   Optional Form:

   h. Request for Interpreter



7. **Payment.** Once all filings have been added to your account, choose next. This will take you to the payments section. To pay be credit/debit card, choose “Add Payment Account”.
    a. **Fee Waiver.** If you are requesting the filing fee be waived, you may choose “Request Fee Waiver” on this screen. You will then be prompted to upload the fee waiver form.



Need Help?

If you need help with e-filing, written and video instruction is available at the Clerk/Register’s office on the garden level of the Family Justice Center during normal business hours. PLEASE NOTE: Clerks are not legal staff and therefore cannot file paperwork through e-filing on your behalf, if filing assistance is required, please seek legal advice from a licensed attorney. Normal business hours are Monday through Friday 8:00 am – 5:00 pm. Please note, the Clerk’s office opens at 9:30 am (instead of 8:00 am) on the second Thursday of the month.

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

Instructions – DM

Packet 2

Step 3: Notify the Other Party



You will need a helper to complete this step. Anyone over the age of 18 can help. The other party must receive (be served) a copy of the Summons and Complaint for Divorce. You will print these documents from your MiFILE account **after** they have been accepted by the Clerk's office.

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.

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.

Step 4: 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 there is domestic violence or you have a personal protection order (PPO) against the other party.

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

Summons (3/23) **Case No.** _____

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 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	**TOTAL FEE**
$		$	**$**

_____
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

_____ on _____.
Attachments (if any) Date and time

_____ on behalf of _____
Signature

_____
Name (type or print)

MCL 600.1910, MCR 2.104, MCR 2.105

Instructions – DM

Packet 3

Step 5: 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 filed using MiFile.

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 will receive a copy through MiFILE. If you receive a copy of an answer, you should watch your MiFILE 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** You must upload the Motion to Enter Judgment of Divorce AND the Judgment of Divorce together, as one document. You will then upload the Judgment of Divorce a second time, as a separate document.** After uploading both documents, submit them at the same time.
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 6: 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.

STATE OF MICHIGAN JUDICIAL DISTRICT 20TH JUDICIAL CIRCUIT	DEFAULT REQUEST AND ENTRY	CASE NO. and JUDGE

Court address
12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.
616-846-8315

Plaintiff's name, address, and telephone no.	v	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.

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.

Case No. _____

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

State of Michigan 20th Circuit Court Ottawa County	Motion to Enter Judgment of Divorce Notice of Hearing	Case Number

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff		**Defendant**	
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/ _____

Notice of Hearing
(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.

State of Michigan 20th Circuit Court Ottawa County	**Judgment of Divorce** with children	**Case Number**

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff		**Defendant**	
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
	☐ sole to plaintiff ☐ sole to defendant ☐ Joint	☐ sole to plaintiff ☐ sole to defendant ☐ Joint
	☐ sole to plaintiff ☐ sole to defendant ☐ Joint	☐ sole to plaintiff ☐ sole to defendant ☐ Joint
	☐ sole to plaintiff ☐ sole to defendant ☐ Joint	☐ sole to plaintiff ☐ sole to defendant ☐ Joint
	☐ sole to plaintiff ☐ sole to defendant ☐ Joint	☐ sole to plaintiff ☐ sole to defendant ☐ 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; **or**

☐ The plaintiff and defendant lived more than 100 miles away from each other when this divorce began; **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

☐ _____

_____

_____

_____

_____

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.

☐ The plaintiff and defendant agree ☐ plaintiff ☐ defendant may exercise parenting time in _____, 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
	☐ plaintiff ☐ defendant	☐ All ☐ Alternating	
	☐ plaintiff ☐ defendant	☐ All ☐ Alternating	
	☐ plaintiff ☐ defendant	☐ All ☐ Alternating	
	☐ plaintiff ☐ defendant	☐ All ☐ 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.
☐ 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
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ defendant
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ 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
	☐ plaintiff ☐ defendant
	☐ plaintiff ☐ defendant
	☐ plaintiff ☐ defendant
	☐ plaintiff ☐ 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
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ defendant
		☐ plaintiff ☐ defendant	☐ plaintiff ☐ 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
			☐ plaintiff ☐ defendant
			☐ plaintiff ☐ defendant
			☐ plaintiff ☐ 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[1] 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 $ _____.
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 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 themself 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

[1] 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.

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/_____	/s/_____
Plaintiff Signature	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)

STATE OF MICHIGAN JUDICIAL CIRCUIT 20th COUNTY	UNIFORM CHILD SUPPORT ORDER ☐ EX PARTE ☐ TEMPORARY ☐ MODIFIED ☐ FINAL	CASE NO. and JUDGE

Court address
12240 Fillmore St, West Olive MI 49460

Court telephone no.
616-846-8315

Plaintiff's name, address, and telephone no.	v	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 proposed order is mailed. If you do not object, this proposed order will be presented to the court for entry.
☐ The calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b are attached.

IT IS ORDERED

1. **Deviation from Michigan Child Support Formula.**
   ☐ a. The support provisions ordered follow the Michigan Child Support Formula.
   ☐ b. The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for the deviation and the required findings by the court.

2. a. **Payer, Support Recipient, and Children Supported Under This Order.**

Payer (person who is ordered to pay support):	Support recipient (payee; person, or agency, to whom support is sent):
Children's names	Annual overnights with payer

b. **Effective Date or Condition.** The payer shall pay a **monthly** child support obligation for the children named above, effective _____.
Date or condition

2. c. **Support Obligation.**

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:	$	$	$	$	$
Total:	$	$	$	$	$

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

d. **Ordinary Medical Expenses.** Ordinary medical expenses are the support recipient's co-payments, deductibles, and other uninsured medical-related costs for all children in this case. Annually, the ordinary medical expense amount to be shared between the parties is $ _____
The payer's portion of ordinary medical expenses is listed in the above grid.

e. **Additional Medical Expenses.** Additional medical expenses are the support recipient's out-of-pocket (uninsured) expenses that exceed the children's ordered annual ordinary medical expense amount and any of the support payer's uninsured medical expenses. The annual ordinary medical amount is listed in the paragraph above. Plaintiff will pay _____ % and defendant will pay _____ % of all additional medical expenses. Additional medical expenses 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.

f. **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.

☐ g. **Post-majority Support.** The following children will (1) regularly attend high school on a full-time basis after turning 18 years of age, (2) have a reasonable expectation of completing sufficient credits to graduate, and (3) reside full time with the support recipient or at an institution. 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 the date, using the last day of the month, the obligation ends mm/dd/yyyy).)

_____

_____

h. **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 child care expenses end. The child care obligation for each child ends the earlier of
the last day of the month that the child is under the age of 13, or if verified, the date when the child care expenses for the child end.
the date provided below, or if verified, the date when the child care expenses for the child end.

When the child care obligation for each child ends, the total child care obligation reduces by that child's pro rata share unless specified differently below. At the court's discretion, the child care obligation may continue beyond that date as a child's health or safety needs require. (Specify name of child; amount for the child, if known; and date the obligation ends (mm/dd/yyyy).)

_____

_____

3. **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.

4. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 13.

5. **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.

6. **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.

7. **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.

8. **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 or while in a county-funded program.

9. **Redirection.** 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.

10. a. **Abatement (Child Living Full-Time with Payer).** As provided by MCL 552.605d and subject to statutory procedures, the friend of the court shall abate support charges to zero for a child who resides on a full-time basis with the payer of support.

    b. **Abatement (Payer Incarcerated).** As provided by MCL 552.605d and subject to statutory procedures, the friend of the court shall abate support charges to zero if the payer of support will be incarcerated for 180 consecutive days or more without the ability to pay.

    ☐ c. **Abatement (Payer Incapacitated).** When the 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 for ☐ 180 days or more, ☐ _____ days or more, 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 ☐ _____ 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.

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

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

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

14. **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.

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	UNIFORM CHILD SUPPORT ORDER DEVIATION ADDENDUM	CASE NO. and JUDGE

Court address

12240 Fillmore St, West Olive MI 49460

Court telephone no.

616-846-8315

Plaintiff's name	v	Defendant's name

THE COURT FINDS:

1. Paragraph(s) _____ (Paragraph number) 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.

2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that if the Michigan Child Support Formula were applied, the following would be ordered:

a. **Payer, Support Recipient, and Children Supported Under the Order.**

Payer:	Support recipient:
Children's names	Annual overnights with payer

b. **Support Obligation.**

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:	$	$	$	$	$
Total:	$	$	$	$	$

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

c. **Ordinary Medical Expenses.** Ordinary medical expenses are the support recipient's co-payments, deductibles, and other uninsured medical-related costs for all children in this case. Annually, the ordinary medical expense amount to be shared between the parties is $ _____ . The payer's portion of ordinary medical expenses is listed in the above grid.

Distribute form to:
Court
Plaintiff
Defendant
Friend of the court

d. **Additional Medical Expenses.** Additional medical expenses are the support recipient's out-of-pocket (uninsured) expenses that exceed the children's ordered annual ordinary medical expense amount and any of the support payer's uninsured medical expenses. The annual ordinary medical amount is listed in the paragraph above. Plaintiff will pay _____ % and defendant will pay _____ % of all additional medical expenses.

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

4. 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.)

5. 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.

State of Michigan 20th Circuit Court Ottawa County	Proof of Service	Case Number

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff		**Defendant**	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
Phone #:	_____	Phone #:	_____

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

Paperwork that was served:
- ☐ Default[1]
- ☐ Motion to Enter Judgment of Divorce
- ☐ Proposed Judgment of Divorce
- ☐ Notice of Hearing
- ☐ Other: _____

How the paperwork was served[2]:
- ☐ 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/ _____

[1] According to MCR 3.210(B)
[2] According to MCR 2.107

Instructions – DM

Packet 4

Step 7: Attend Final Hearing



Organize your paperwork and have it ready for your Court hearing, which will likely be on Zoom. Keep your testimony sheet. This is your "cheat sheet". The judge may ask you to read from your testimony sheet. The judge may also ask you questions about what is on the sheet.

After Your Hearing

The Judgment of Divorce will be sent to you by email after it has been signed by the Judge and filed with the court. You are responsible for sending a copy to the other party if they do not have a MiFILE account. You may send it by mail. Complete the Proof of Service for Final Judgment and file the proof of service electronically through MiFILE.

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.

State of Michigan **20th Circuit Court** **Ottawa County**	**Proof of Service** Judgment of Divorce	**Case Number**

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff		**Defendant**	
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/ _____