Custody (DC)

Step 1: Complete Paperwork	Packet 1
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Instructions
Custody (DC)

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

To the Clerk: For FOC office

STATE OF MICHIGAN 20TH JUDICIAL CIRCUIT OTTAWA COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE

Friend of the court address
12240 Fillmore St, Rm 50, West Olive, MI 49460

Telephone no.
616-846-8315

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 Custody	Case Number

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff (person who started this case)

Name: _____

Address: _____

_____

Phone #: _____

Defendant (other party)

Name: _____

Address: _____

_____

Phone #: _____

Read through each number and letter. Check the boxes that apply to your case. You should have at least one box checked for each number or letter that has check boxes. Some numbers and letters do not have check boxes. If there are no check boxes, you do not need to write anything. Questions 1-8 are facts about you, the other party, and your children. Questions 9-12 are your request for relief (what you are asking for).

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

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

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

- ☐ The other party does not live in Michigan.
- ☐ The other party has lived in Michigan for the last 180 days (6 months).
- ☐ The other party has lived in Ottawa County for the last 10 days.

3. Marriage.

I am not married to the other party.

4. Children

Minor child's name *(under age 18)*	**Age**

5. Children Born Out of Wedlock *(check all that apply)*

- ☐ I was not married when the children listed above were conceived or born.
- ☐ The other party was not married when the children listed above were conceived or born.

6. Custody, Parenting Time, and Support Agreements

☐ We do not have an agreement with the other party about custody, parenting time, or support.

☐ We have made the following agreement with the other party:

_____

_____

7. Children's Addresses

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

8. Affidavit of Parentage

An Affidavit of Parentage has been signed for each child listed above. I have attached copies of the Affidavit of Parentage to this complaint.

9. Request for Custody Order

I ask the court to enter an order regarding custody, parenting time, and child support.

10. Custody

I ask the court to order custody as explained in the table below.

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

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. Other

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

Dated: _____ Plaintiff: _____

Note: *You **must** complete and attach form MC 416 (Uniform Child Custody Jurisdiction and Enforcement Act Affidavit) to this complaint. You must also attach a signed Affidavit of Parentage for each child listed in this complaint.*

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

- 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 JUDICIAL DISTRICT 20th JUDICIAL CIRCUIT Ottawa COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE
Court address		**Court telephone no.**

Plaintiff/Petitioner's name, address, and telephone no.	**V**	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)
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?

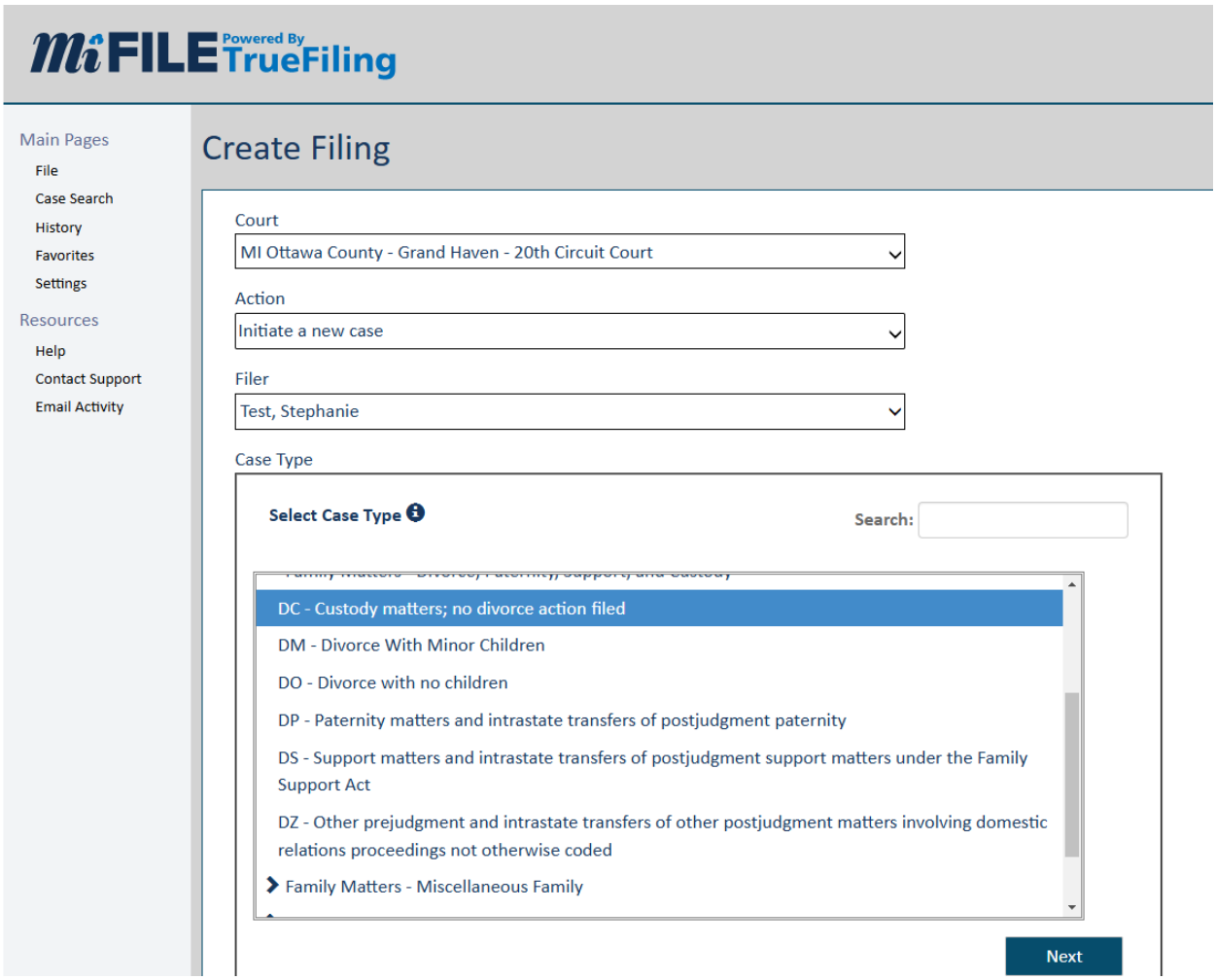
As of December 1, 2018, you are required to use MiFILE to file court documents in the 20th Circuit Court (Ottawa County) for certain case types. Beginning December 16, 2024, you are required to use MiFILE to initiate a case. If you received this document, your case type is included in this mandate.

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:

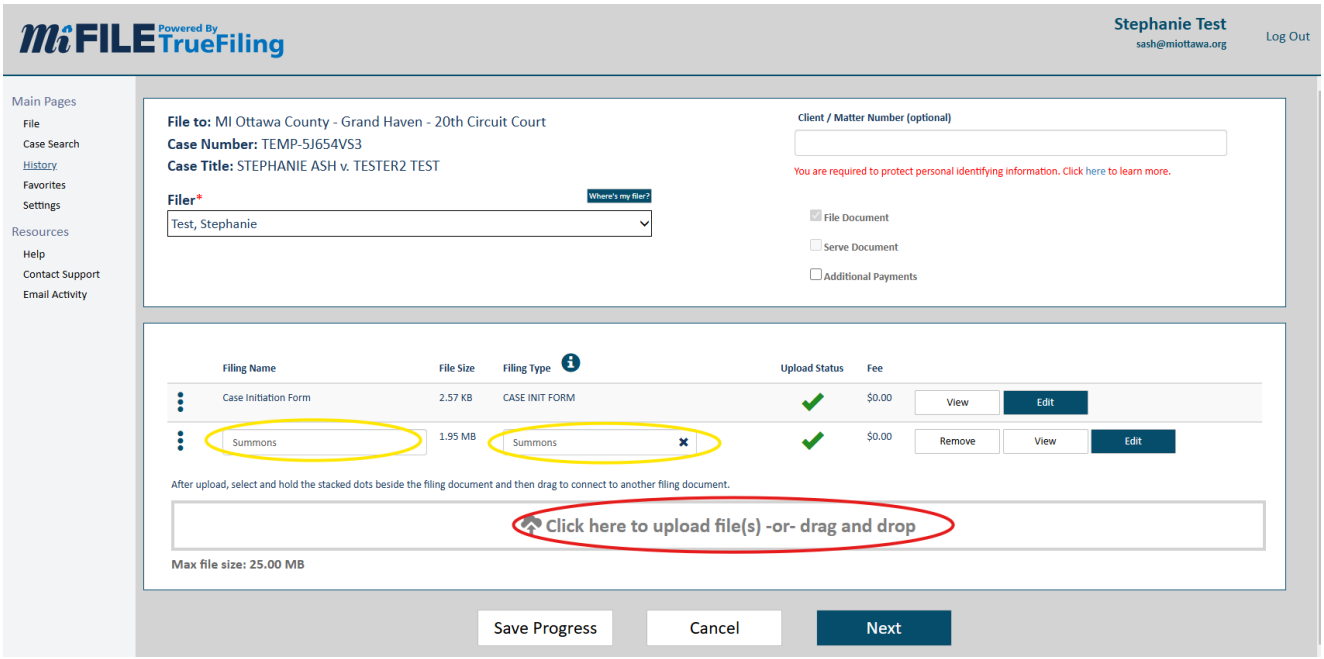
   a. Summons
   b. Complaint for Divorce/Custody
   c. Record of Divorce/Annulment
   d. Verified Statement (Other)
   e. Application for IV-D Child Support Services (Other)
   f. Uniform Child Custody Jurisdiction Enforcement Act Affidavit (Other)

   Required if Applicable:

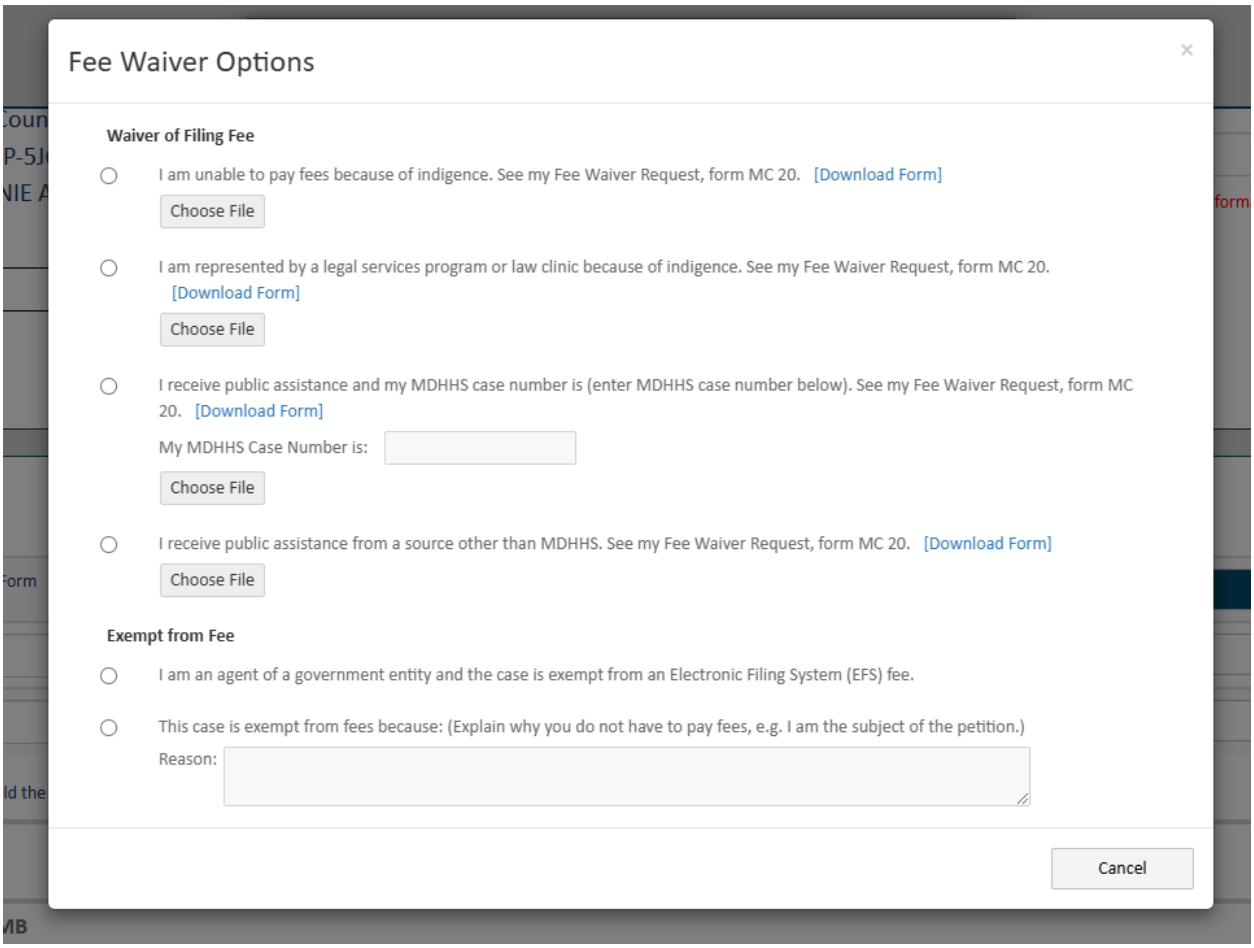
   g. Confidential Case Inventory

   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 – DC

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.

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 – DC

Packet 3

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**.

Step 5: Scheduling Order

After the FIG conference, the Court will send you a scheduling order and it will explain the next steps. If after receiving it you have questions, please reach out to the legal self-help center, or contact an attorney.

Mediation

The scheduling order will have a section that talks about mediation. If you and the other party have not agreed on custody, parenting time, and child support, you will be required to attend mediation. The scheduling order explains that low-cost mediation is available through Mediation Services. You will have 21 days to let the Court know if you want to hire a mediator or use Mediation Services. There will be a link that has information on Court approved domestic mediators and their hourly rate.

****If you and the other party have agreed on custody, parenting time, and child support, you are able to submit your final order and not attend mediation. Please refer to Step 7 under agreement.**

Settlement Conference

The scheduling order will have a date and time to appear in Court for a settlement conference. The settlement conference is a time for both parties to explain to the Judge what has been agree upon by the two of you (custody, parenting time, and child support), and what you have been unable to agree on.

Instructions – DC

Step 6: Default and Entry — Packet 3

Answer

An answer is a written response to your complaint. The answer will let you know what the other party agrees or disagrees with. If the other party files an answer, they must give you a copy. You will receive a copy through MiFILE.

Agreement

You can complete a consent final order for custody, parenting time, and child support if you can work with the other party to resolve all issues regarding custody, parenting time, and child support. Both of you must agree with all terms of the final order and sign it.

☐ **Motion to Enter Final Order for Custody, Parenting Time, and Child Support**
☐ **Final Order for Custody, Parenting Time, and Child Support**

No Agreement

If the other party does not file an answer, you may file a default and request that the court enter a default final order for custody, parenting time, and child support.

☐ **Default** (MC 07)
☐ **Motion to Enter Final Order for Custody, Parenting Time, and Child Support**
☐ **Final Order for Custody, Parenting Time, and Child Support.**

You must include a Uniform Child Support Order (UCSO) with your final order for custody, parenting time, and child support. 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.

Step 7: Get a Hearing Date

After filing the Motion to Enter Final Order for Custdoy, Parenting Time, and Child Support, the Clerk will schedule a hearing. It may take a few days before you receive an email with the date of the hearing. When you receive this notification, you will serve the other party with the Motion to Enter Final Order for Custdoy, Parenting Time, and Child Support. If they have a MiFile account, you may electronically serve them. If not, you will print the documents and mail them to the other party.

Serve the Other Party

Complete the Proof of Service for Motion to Enter Final Order for Custody, Parenting Time, and Child Support 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.

Instructions – DC

Packet 3

Changing a Default Final Order

If you make any changes to your default final order, 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 final order.

Changing a Consent Final Order

You cannot make changes to a final consent order 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.

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

Original (Court)
2 Copies (Plaintiff, Defendant)

STATE OF MICHIGAN 20th Circuit Court – Family Division Ottawa County	MOTION TO ENTER FINAL ORDER & NOTICE OF HEARING	CASE NO. -DC

12240 Fillmore St, Rm 50, West Olive, MI 49460 616-846-8315

Plaintiff: (Name, Address, Phone No.)

Name: _____
Address: _____
_____
Phone #: _____

V

Defendant:(Name, Address, Phone No.)

Name: _____
Address: _____
_____
Phone #: _____

☐ A default was entered on_____; **or**
☐ The Defendant and I have worked together to complete our Final Order for Custody, Parenting Time, and Child Support.

I ask the court to enter the Final Order for Custody, Parenting Time, and Child Support 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

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 final order for custody, parenting time, and child support, this will be your final hearing.

State of Michigan 20th Circuit Court Ottawa County	Final Order for Custody, Parenting Time, and Support	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 order for custody, parenting time, and support. This judgment must include all agreements you and the other party have made. The court can only enforce agreements that are included in this judgment.

1. Type of Judgment

This final order is entered ☐ on agreement of the parties (consent); ☐ after a hearing or trial.

2. Children's Rights and Cooperation of Parents

The children have a right to the love and affection of both parents. This right cannot be taken away from them. The parties shall cooperate during child-rearing to promote the well-being of the children and maintain strong parent-child relationships. The parties must also cooperate in carrying out the child-related provisions of this judgment. Child-related provisions include custody, support, and parenting time.

3. Child Support

Child support, child care, health care and other medical insurance and support costs are included in the attached Uniform Child Support Order (FOC 10/52 or 10a/52a).

4. Custody

Custody of the children is granted as follows:

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

5. Updating a Child's Address

A parent with physical custody must promptly notify the Friend of the Court, in writing within 21 days, whenever the address of the minor child changed. They must promptly

complete and file a Change in Personal Information form (FOC 108) with Friend of the Court.

6. Moving with the Children Out of Michigan

Neither party may move the children out of Michigan without prior approval of the court.

7. Moving with the Children Within Michigan

☐ Neither party is permitted to move more than 100 miles away from where he or she lived when this case began (Pursuant to MCL 722.31). The children have a legal residence with each parent.

☐ The parties lived more than 100 miles away from each other when this case began and MCL 722.31 does not apply.

☐ One of the parties is granted sole legal and physical custody. This party may move more than 100 miles away from where the children lived when this case began, but not outside Michigan.

☐ The parties agree that either party may move more than 100 miles from where the parties lived when this case began, as long as they still live in Michigan.

8. Parenting Time

Upon referral by the Friend of the Court, parties are ordered to participate in mediation regarding post judgment issues.

☐ Parenting time shall be as the parties agree (reasonable).

☐ Parenting time is as follows: See attached parenting time addendum

9. Parenting Time in a Foreign Country

☐ Neither parent shall exercise parenting time in a foreign country/nation that is not a party to the Hague Convention on the Civil Aspects of International Child Abduction.

☐ The parties agree that (party name) _____ may exercise parenting time in (name of foreign country/nation) _____, which is not a party to the Hague Convention on the Civil Aspects of International Child Abduction.

10. Prior Orders

Except as otherwise provided in this judgment, any non-final orders or injunctions entered in this action are terminated.

11. Effective Date of Judgment

This judgment will become effect immediately after it is signed by the judge and filed with the clerk.

12. Case Closure

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

13. Other Provisions

☐ See attached.

This document is an agreement of the parties. In signing this final order, I verify that I have read and understand its provisions and approve its substance and form.

/s/_____
Plaintiff Signature

_____
Printed Name

_____
Date

/s/_____
Defendant Signature

_____
Printed Name

_____
Date

Date: _____

Judge: _____

Note: Form FOC 10/52 or FOC 10a/52a (including guidelines) **must** be attached to this final order. If parenting time is being addressed, the parenting time addendum **must** be attached.

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

Court address **Court telephone no.**

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:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Child care:	$	$	$	$	$
Other:	$	$	$	$	$
Benefit credit:	$	$	$	$	$
Total:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

☐ 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:	$	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Ordinary medical:	$	$	$	$	$
Child care:	$	$	$	$	$
Other:	$	$	$	$	$
Benefit credit:	$	$	$	$	$
Total:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

☐ 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
☐ Motion to Enter Final Order for Custody, Parenting Time, and Child Support
☐ Proposed Final Order for Custody, Parenting Time, and Child Support
☐ Notice of Hearing
☐ Other: _____

How the paperwork was served:

☐ 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/ _____

Instructions – DC

Packet 4

Step 8: 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.

State of Michigan **20th Circuit Court** **Ottawa County**	**Proof of Service** Final Order for Custody, Parenting Time, and Child Support	**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 Final Order for Custody, Parenting Time, and Child Support on the other party.

☐ I mailed a copy by ordinary first-class mail; **or**
☐ I personally handed the other party 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/ _____