Spousal Support Order
FOC
(FOC 10b)

When to Use:	• You are presenting your spousal support order to the court, **and** • You want help from the Friend of the Court office to collect spousal support.
Filing Fees:	$40
Method of Payment:	Credit Card
Where to File:	https://mifile.courts.michigan.gov
Filing Type:	Other
Copies:	Original, plus 1 copy if the other party does not have a MiFILE account.
Additional Information:	You can serve this order electronically if the other party has a MiFILE account. You will need to send a copy of this order to the other party if he or she does **not** have a MiFILE account. You can send this order by regular, first class mail.

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	UNIFORM SPOUSAL SUPPORT ORDER ☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ FINAL	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.
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. ☐ on stipulation/consent of the parties.

IT IS ORDERED, UNLESS OTHERWISE ORDERED IN ITEM 11:

☐ Standard provisions have been modified (see item 11).

1. **Spousal Support.** Spousal support shall be paid monthly through the Michigan State Disbursement Unit as follows:

Payer:	Payee:	Amount: $	Effective date:

2. Income withholding takes immediate effect for those items payable through the Michigan State Disbursement Unit.

3. This order continues until the death of the payee or until the earliest of the following events:

☐ Date: _____ ☐ $ _____ is paid.

☐ Remarriage of the payee. ☐ Death of the payer.

☐ Other (specify all other events): _____

_____

☐ 4. This order modifies a spousal support order entered on or before December 31, 2018. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

Distribute form to:
Court
Plaintiff
Defendant
Friend of the court

☐ 5. Payments that must be paid directly to the third party (not to the payee) are listed below. (Payments to be made directly to a third party are not payable through the Michigan State Disbursement Unit or friend of the court.)

Type	Amount Per Month	Start Date	Pay to	End Date
	$			
	$			
	$			
	$			

6. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. 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 for more 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. **Fees.** The payer of support shall pay statutory and service fees as required by law.

9. **Prior Orders. This order supersedes all prior spousal support orders.** Past-due amounts owed under any prior support order are preserved.

10. **Property Settlement.** All property settlement (alimony in gross) payment obligations that are set forth in the judgment are not part of this order.

11. **Other: (Attach separate sheets as needed.)**

_____ _____
Plaintiff (if consent/stipulation) Date Defendant (if consent/stipulation) Date

_____ _____
Plaintiff's attorney Date Defendant's attorney Date

☐

_____
Judge signature and date

CERTIFICATE OF MAILING

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