STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF THE COURT SERVICES ☐ 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. ☐ on stipulation/consent of the parties.

An order exempting this case from friend of the court services was entered on _____ .
(NOTE: If there is no order exempting this case from friend of the court services, form FOC 10/52 must be used.)

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

Form Instructions

Distribute form to:
Court
Plaintiff
Defendant
Friend of the court

SRA

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:	$ 0	$ 0	$ 0	$ 0	$ 0
Ordinary medical:	$	$	$	$	$
Child care:	$	$	$	$	$
Other:	$	$	$	$	$
Benefit credit:	$	$	$	$	$
Total:	$ 0	$ 0	$ 0	$ 0	$ 0

☐ 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

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. 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. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 9.

5. **Retroactive Modification 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. Unpaid support is a lien by operation of law and the

payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.

6. **Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: 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.

7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Michigan Department of Health and Human Services while under the state's jurisdiction or while in a county-funded program.

8. **Abatement.** If the payer will be incarcerated for 180 consecutive days or more without the ability to pay support, the monthly amount of support payable under the order must be abated, by operation of law, subject to section 17f of the friend of the court act, MCL 552.517f.

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

10. **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.

_____
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 order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. ☐ I certify that 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