

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF COURT SERVICES (PAGE 1) <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
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Court address _____ FAX no. _____ Court telephone no. _____

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

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., address, and telephone no.
Defendant's source of income name, address, and telephone no.

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.)

UNLESS OTHERWISE ORDERED in item 9: Standard provisions have been modified (see item 9).

1. The support obligation for a child continues until that child reaches age 18. The support obligation for a child continues thereafter until that child reaches age 19 years and 6 months, as long as the child is regularly attending high school full-time with a reasonable expectation of graduating, and the child is residing full-time with the support recipient or at an institution. Child care for a child continues through August 31 following that child's 12th birthday. The parties must notify each other of changes in child care expenses and must additionally notify the friend of the court if the change ends those expenses.

2. **Child Support.** The payer has a monthly child-support obligation as follows.

Payer:	Payee:	Support effective date:			
Children's names and birth dates:					
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:	\$	\$	\$	\$	\$
SS benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support includes a parental-time offset using _____ overnights for _____ and _____ overnights for _____ . Plaintiff Defendant					
The support provisions ordered above <input type="checkbox"/> do <input type="checkbox"/> do not follow the child-support formula.					

3. **Insurance.** For the benefit of the children, plaintiff defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602[o]) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available through an employer or under an existing individual policy at the following reasonable cost:

- up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
- not to exceed 5% of the plaintiff's/defendant's gross income.

(See Page 2 for the remainder of the order.)

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**UNIFORM CHILD SUPPORT ORDER,
NO FRIEND OF COURT SERVICES (PAGE 2)**
 EX PARTE TEMPORARY MODIFICATION FINAL

CASE NO.

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Plaintiff's name

v

Defendant's name

4. **Uninsured Health-Care Expenses.** All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by filing a motion with the court. The annual ordinary medical amount is _____.
5. **Qualified Medical Support Order.** This order is a qualified medical support order pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 9.
6. **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.
7. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: a) their mailing or residence 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 drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603.
8. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved.
9. **Other: (Attach separate sheets as needed.)**

IT IS SO ORDERED.

_____ Date

_____ Judge Bar no.

_____ 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 certify that on this date 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 in MCR 3.203.

_____ Date

_____ Signature