STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER ☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ 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 order is mailed. If you do not object, this proposed order will be presented to the court for entry.

☐ Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.

IT IS ORDERED, unless otherwise ordered in item 11 or 12:

☐ Standard provisions have been modified (see item 11 or 12).

1. **The children who are supported under this order and the payer and payee are:**

Payer:	Payee:
Children's names and annual overnights with payer:	
Children's names	Overnights

Effective _____ , the payer shall pay a monthly child support obligation for the children named above.

Form Instructions

Distribute form to:
Court
Plaintiff
Defendant
Friend of the court

1. **Item 1** (continued).

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:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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

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 the friend of the court. The annual ordinary medical amount is _____ .

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.

☐ **Post-majority Support:** The following children will be attending high school on a full-time basis after turning 18 years of age. 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 date obligation ends.)

_____

_____

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 changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

2. **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. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 12.

4. **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.

5. **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.

6. **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.

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 and to the funding county while placed in a county-funded program.

8. **Redirection and Abatement.** 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, and shall abate support charges to zero for a child who resides on a full-time basis with the payer of support or if the payer of support will be incarcerated for 180 consecutive days or more without the ability to pay.

   ☐ When 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, 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 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.

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

10. **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.

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

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

13. **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