STATE OF MICHIGAN CASE NO. and JUDGE UNIFORM SPOUSAL SUPPORT ORDER, JUDICIAL CIRCUIT NO FRIEND OF COURT SERVICES COUNTY EX PARTE TEMPORARY MODIFICATION FINAL Court address Court telephone no. Plaintiff's name, address, and telephone no. Defendant's name, address, and telephone no. ٧ 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. after hearing. on stipulation/consent of the parties. This order is entered IT IS ORDERED, UNLESS OTHERWISE ORDERED IN ITEM 8: Standard provisions have been modified (see item 8). 1. Spousal Support. Spousal support shall be paid monthly as follows: Payer: Payee: Amount: Effective date: 2. 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. U Other (specify all other events): _ ☐ 3. 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. 4. Payments that must be paid directly to the third party (not to the payee) are listed below. **Amount Per Month** Start Date Pay to **End Date** Type \$ \$

Approved, SCAO Form FOC 10c, Rev. 7/22 MCL 552.13, MCR 3.211 Page 1 of 2 \$

\$

Distribute form to: Court Plaintiff Defendant Friend of the court

Pa	ge 2 of 2		
5.	modifiable. Unpaid support is a lien by operation of law a	rt. Support is a judgment the date it is due and is not retroactively and the payer's property can be encumbered or seized if an rements payable for two months under the payer's support order.	
6.	6. 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 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.	Prior Orders. This order supersedes all prior spousa restated in this order. Past-due amounts owed under a	• • • • • • • • • • • • • • • • • • • •	
8.	Other: (Attach separate sheets as needed.)		
Pla	intiff (if consent/stipulation) Date	Defendant (if consent/stipulation) Date	
Pla	intiff's attorney Date	Defendant's attorney Date	
		Judge signature and date	
		E OF MAILING	
de		s by first-class mail addressed to their last-known addresses as ury that this certificate of mailing has been examined by me and wledge, and belief.	
Dat	re	Signature	

Case No. ___

Unifrom Spousal Support Order, No Friend of Court Services (7/22)