STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF THE COURT SERVICES EX PARTE TEMPORARY MODIFICATION FINAL		OURT SERVICES TEMPORARY	CASE NO. and JUDGE
Court address				Court telephone no.
Plaintiff's name, address, and telephone no.		v	Defendant's name, addre	ess, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.			Defendant's attorney, bar	r no., address, and telephone no.
Plaintiff's source of income name, address, and	I telephone no.		Defendant's source of inc	come name, address, and telephone no.
This order is entered after hear An order exempting this case from frie (NOTE: If there is no order exempting this case IT IS ORDERED, unless otherwise order.) 1. The children who are supported.	end of the court serve from friend of the court serve dered in item 8 or 9:	rices \ service	s, form FOC 10/52 must b	be used.) s have been modified (see item 8 or 9).
Payer:			Payee:	
Children's names and annual overnigl Children's name				Overnights
Effective,	the payer shall pay	a moi	nthly child support ob	oligation for the children named above.
Approved, SCAO			Distribute form to:	

Uniform Child Support O Page 2 of 3	rder, No FOC Services	(7/21)		Case No	
1. Item 1 (continued)).				
Children supported: Base Support: (include Support:	1 child des support plus or	2 children minus premium adju \$	3 children stment for health-ca	4 children are insurance)	5 or more children
Premium adjust: S	5	\$	\$	\$	\$
Subtotal:		\$	\$	\$	\$
1		\$	\$	\$	\$
Child care:		\$	\$	\$	\$
Other: S Benefit credit: S) }	\$	\$	\$	\$
Total:	P 2	\$ ¢	Φ ¢	\$ \$	\$ \$
	ed because naver's	ু s income was reduce	Ψ 	Ψ	Ψ
Uninsured Health	h-Care Expenses. A	All uninsured health-off and	care expenses exceed by the defendant.	Uninsured expenses	dinary medical amount s exceeding the annual payment request may
		The annual ordinary r		•	
of the month the o	ty Support: The fol Therefore, the sup	lowing children will be port obligation for eat extend beyond the	pe attending high sc ach specific child en	hool on a full-time b	
friend of the court following the child	if the changes end	ach other of change those expenses. The which time the total o er.	e child-care obligation	on for each child en	ds on August 31
when that coverage net cost of adding ☐ up to a maximu	d in MCL 552.602) that ge is accessible to the the children to the pure of \$	includes payment fonce child and available parent's coverage	or hospital, dental, o e at a reasonable co up to a maxi	ptical, and other hea ost. The reasonable	alth-care expenses
3. Qualified Medi	ical Support Order		alified medical suppo		liate effect pursuant
payer's property c	it is due and is not an be encumbered	modifiable retroactive	rely. Unpaid suppor	t is a lien by operati	
5. Change of Addre	ss, Employment S	tatus, Health Insur	ance. Both parties	shall notify each oth	ner in writing, within

21 days of any change in: a) their mailing and residential addresses and telephone numbers; b) the names,

security numbers unless exempt by law pursuant to MCL 552.603.

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

Uniform Child Support Order, No FOC Services (7/21)	Case No				
	oster-Care Assignment. When a child is placed in foster care, that child's support is assigned to the Michigan epartment of Health and Human Services while under the state's jurisdiction and to the funding county while placed in				
7. Abatement . If the payer will be incarcerated for 180 con support, the monthly amount of support payable under the section 17f of the friend of the court act, MCL 552.517f.					
	upport provisions ordered do not follow the Michigan Child (FOC 10d) provides the basis for deviation and the required				
\square 9. Other: (Attach separate sheets as needed.)					
 Prior Orders. This order supersedes all prior childs in this order. Past-due amounts owed under any prior 	support orders and all continuing provisions are restated support order in this case are preserved.				
	Judge signature and date				
Plaintiff (if consent/stipulation)	Defendant (if consent/stipulation) Date				
Plaintiff's attorney Date	Defendant's attorney Date				
Prepared by:					
Prepared by:Name (type or print)					
CERTIFICAT	TE OF MAILING				
defined by MCR 3.203. I certify that I also served the Dev	s by first-class mail addressed to their last-known addresses as viation Addendum (FOC 10d) with this order. I declare under the examined by me and that its contents are true to the best of my				
Date	Signature				
	- · · · · · · · · · · · · · · · · · · ·				