

Motion Regarding Support

When to Use:	<ul style="list-style-type: none"> You have a current order regarding support; and You want to change the amount of support that has been ordered; or You want to change the amount being paid monthly on arrears.
Required Forms:	FOC 50 – Motion Regarding Support
Optional Forms:	MC 20 – Fee Waiver Request
Forms Website:	www.courts.mi.gov
Filing Website:	https://mifile.courts.michigan.gov
Filing Type:	Motion to Modify Child Support, Post Judgment
Filing Fees:	\$60
Method of Payment:	Credit Card
Copies:	None
Notes:	The court must use the Michigan Child Support Formula in deciding what support should be, regardless of the amount of support you ask for. The court may only deviate from the formula if it finds that using the formula would be unjust or inappropriate. The minimum threshold for modification of support is 10% of the currently ordered support payment or \$50 per month , whichever is greater.
Instructions:	<ol style="list-style-type: none"> Complete the Motion Regarding Support. Make sure to enter: <ul style="list-style-type: none"> The date of your last order (#1); Your current support amounts (#2-4); What has changed since the date of your last order (#5); What you are asking the court to do (#7). <p>There is an extra sheet included in this packet if you need more room to write your responses.</p> Sign and date your motion. The court will complete the “Notice of Hearing” section after you file your motion. File your paperwork electronically.
Case Information:	<p>Your case number is: _____</p> <p>You are the <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant.</p> <p>You are the moving party.</p> <p>The date of your last order is: _____</p> <p>The <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant is ordered to pay:</p> <ul style="list-style-type: none"> Support \$ _____ each month. Child care \$ _____ each month. Health care \$ _____ each month.

INSTRUCTIONS FOR COMPLETING “MOTION REGARDING SUPPORT”

Items A through J must be completed before your motion can be e-filed with the Court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- (A)** Fill in your Case No., which will be in the upper right hand corner of your Court papers for divorce, separate maintenance, paternity, or family support.

- (B)** Fill in the “Plaintiff” and “Defendant” boxes and if applicable, the “Third Party” box. These names will also be on your Court papers. For example, if your name is in the box that says “plaintiff,” then you should write your name in the “plaintiff” box on this motion form. You are also the “moving party.” Once you have written the names where they belong, you must check the box “moving party” in the same box as your name.

- (C)** Check only one box. If you have a Court order for divorce, custody, separate maintenance, paternity, or family support read it carefully to find out if there is any information in it about support. If there is information about support, check box a. You will find the date of the Order next to the Judge’s signature. If there is no information about support, check box b.

- (D) Through (F)** Check these boxes only if you checked box a in (C) above. Read your Court papers for divorce, separate maintenance, paternity, or family support to find out who was ordered to pay support, child care and health care and how much per month is paid. Write this information here.

- (G)** Check this box only if you checked box a in (C) above and conditions have changed that require a change in support. Explain in as much detail as possible what has happened on the following page. Print this information as neatly as you can.

- (H)** Check this box if you and the other party have agreed to start support or make changes in the support. Explain in as much detail as possible what you have agreed on. If you need more space, use a separate sheet of paper. Print this information as neatly as you can.

- (I)** You need to explain in as much detail as possible what you want the Court to order. If you checked (H) above, check the box “Same as 6. above.” Otherwise, write the details on the following page. Print this information as neatly as you can.

- (J)** Write in today’s date and sign your name. Now e-file at <https://mifile.courts.michigan.gov> or at the Circuit Court Clerk office. See instructions for e-filing on the first page of this packet.

INFORMATION ABOUT ATTENDING A REFEREE HEARING

Once you e-filed your **MOTION REGARDING SUPPORT** you will be scheduled to attend a hearing in front of a referee. The following is information about attending that hearing.

1. Because you are representing yourself, you are expected to conduct yourself as an attorney would and to follow the same general rules an attorney would.
2. Make a list of information you think is important for the referee to know ahead of time. The information should relate to the reasons you are asking the Court to do something. You can use this list as a reminder to bring up the points you think are important.
3. If you think you need to order someone, (a witness), to attend this hearing, follow the procedures in Michigan Court Rule 2.506 or consult with an attorney.
4. During the hearing, answer the Referee's questions clearly and directly.
5. If the other party is in court, he or she will have a chance to speak also. When the other party talks, you may take notes, but do not interrupt the other party. After the other party speaks, you will have another chance to talk. Use your notes to keep track of what you want to say in response.
6. At any time during the hearing, you and the other party may come to an agreement. If that happens, a written order of your agreement, called a "stipulation", will be prepared for both of you to sign while you are there. The "Stipulation" will be sent to the Judge for his signature. After he signs, a copy of the signed order will be sent to your MiFile account or mailed to you.
7. If no agreement is reached, the referee will prepare a written Recommendation or Temporary Order. The Referee has 21 days to complete the Recommended or Temporary Order. Copies are sent to your MiFile account or mailed to you when complete.

NOTE: If the Referee prepares a Recommended or Temporary Order and one or both of you do not agree with the Referee's decision, you may e-file an objection **within 21 days**. The objection form may be emailed, sent to your MiFile account or mailed with the Referee's Recommended or Temporary order. This form is also available at the Legal Self-Help Center. The deadline date for the objection will be on the form.

PLEASE NOTE: If you fail to attend the hearing, you will be unable to file an objection.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION REGARDING SUPPORT	(A) CASE NO.
--	---------------------------------	---------------------

Court address Court telephone no.

(B) Plaintiff's name, address, and telephone no. moving party

Third party name, address, and telephone no. moving party

Defendant's name, address, and telephone no. moving party

v

(C) 1. a. On _____ a judgment
Date
or order was entered regarding support.
 b. There is currently no order regarding support.

- (D)** 2. The plaintiff defendant is ordered to pay support of \$ _____ each month.
- (E)** 3. The plaintiff defendant is ordered to pay child care of \$ _____ each month.
- (F)** 4. The plaintiff defendant is ordered to pay health care of \$ _____ each month.

(G) 5. Conditions regarding support have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

(H) 6. _____ and I have agreed to support as follows:
Name
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

(I) 7. I ask the court to order that support be paid as follows: See 6 above for details.
Use a separate sheet to explain in detail what you want the court to order and attach.

(J) _____
Date Moving party's signature

NOTICE OF HEARING

A hearing will be held on this motion before _____
Judge/Referee Bar no.

(K) on _____ at _____ at _____
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

Note: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to the last-known addresses as defined in MCR 3.203.

(L) _____
Date Moving party's signature

State of Michigan 20th Circuit Court Ottawa County	Motion Regarding Support Page 2	Case Number
--	---	--------------------

Court Address: 414 Washington Ave., Room 320, Grand Haven, MI 49417

Court Phone: 616-846-8315

Plaintiff Name:

Defendant Name:

5. I want to change my current support order because:

7. I want the court to do the following:
