

**DIRECTIONS FOR COMPLETING A  
MOTION REGARDING PAYMENT PLAN BY MAIL**

- 1) Complete required motion form up to the “Notice of Hearing”.
- 2) Attach the completed form, and a money order made payable to the **Ottawa County Clerk** in the amount of \$20.00 and mail to:

Circuit Court Records  
414 Washington Ave – Room 320  
Grand Haven, MI 49417

**DO NOT SEND THE FORM TO THE FRIEND OF THE COURT**

Circuit Court Records will record your payment and send your form to the Circuit Court Assignment Clerk who will complete the “NOTICE OF HEARING” section. The Assignment Clerk will add the date, time and place to appear for the hearing on the notice and mail it to you and the other party. Your hearing will be scheduled as the Court’s calendar allows, which is typically in 4-6 weeks.

Use the following checklist to make sure you have done everything before mailing the form.

**DID YOU . . .**

- Fill out all requested information on the form? (Please attach a note to your form to let the Court know if you do not know the other party’s address or the other party’s address is confidential).
- Include a money order for the filing fee? (\$20)

By using this form packet you are representing yourself in a court action

**PLEASE NOTE THAT IF ANY MONEY IS OWED TO THE STATE OF MICHIGAN, THE LAW REQUIRES THE STATE BE NOTIFIED OF THE HEARING AT LEAST 56 DAYS IN ADVANCE.** Notification to the State will be done by Friend of the Court.

**The motion requires you to have section one filled out by the Friend of the Court. You may, instead, obtain an account printout from the Friend of the Court and submit that with your motion.**

**DIRECTIONS FOR COMPLETING A  
MOTION REGARDING PAYMENT PLAN IN PERSON**

- 1) Complete the motion form up to the “Notice of Hearing”.
- 2) Bring cash, money order made payable to the **Ottawa County Clerk**, or credit card (Visa, MasterCard, or Discover) in the amount of \$20.00. Take the motion and method of payment to Circuit Court Records, 414 Washington Ave – Room 320, Grand Haven.

**DO NOT BRING THE FORM TO FRIEND OF THE COURT**

Circuit Court Records will record your payment and send your form to the Circuit Court Assignment Clerk who will complete the “NOTICE OF HEARING” section. The Assignment Clerk will add the date, time and place to appear for the hearing on the notice and mail it to you and the other party. Your hearing will be scheduled as the Court’s calendar allows, which is typically in 4-6 weeks.

**DID YOU . . .**

- Fill out all requested information on the form? (Please attach a note to your form to let the Court know if you do not know the other party’s address or the other party’s address is confidential).
- Pay the filing fee? (\$20)

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**PLEASE NOTE THAT IF ANY MONEY IS OWED TO THE STATE OF MICHIGAN, THE LAW REQUIRES THE STATE BE NOTIFIED OF THE HEARING AT LEAST 56 DAYS IN ADVANCE.** Notification to the State will be done by Friend of the Court.

**The motion requires you to have section one filled out by the Friend of the Court. You may, instead, obtain an account printout from the Friend of the Court and submit that with your motion.**

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MOTION REGARDING PAYMENT PLAN/ DISCHARGE OF ARREARS PAGE 1 OF 2</b>	<b>CASE NO.</b>
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Court address Telephone no.

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

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

v

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

1. Friend of the court records show that, as of \_\_\_\_\_ :  
Date
  - a. my current support is \$ \_\_\_\_\_ per month. My youngest child in the case will be or was 18 years of age on \_\_\_\_\_ .  
Date
  - b. my total arrears are \$ \_\_\_\_\_. Attached is written proof from the friend of the court office.
  - c. I owe \$ \_\_\_\_\_ support arrears to \_\_\_\_\_ , the individual payee.  
Name
  - d. I owe \$ \_\_\_\_\_ support arrears to the State of Michigan.
  - e. I owe \$ \_\_\_\_\_ for Medicaid/confinement reimbursement arrears.
  - f. I owe \$ \_\_\_\_\_ in statutory fees.
  - g. I owe \$ \_\_\_\_\_ to \_\_\_\_\_ .  
Specify agency/person
2. It is in the best interests of the parties and the children that a payment plan be ordered in this case.
3. I understand that the individual payee must consent to entry of an order for payment plan when the arrears are owed to that individual. The payee's consent was not given under fear, coercion, or duress.
4. I owe arrears to the State of Michigan or a political subdivision and, absent a payment plan, I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.
5. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.
6. I have gross income in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_. I understand that I must provide adequate records to show proof of my income.
7. I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description	Net Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

(See page 2 for remainder of motion.)

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MOTION REGARDING PAYMENT PLAN/ DISCHARGE OF ARREARS PAGE 2 OF 2</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Telephone no. \_\_\_\_\_

Plaintiff's name \_\_\_\_\_

v

Defendant's name \_\_\_\_\_

7. continued. Attach a separate sheet if more space is needed.

Description	Net Value
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

8. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

**9. I ask:**

- a. the court order a payment plan of \$\_\_\_\_\_ per month for \_\_\_\_\_ months toward support arrears in this case.
- b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
- c. the court grant me such other and further relief as is just and appropriate.

10. **I further ask** that once I complete this payment plan, the court enter an order discharging any remaining arrears.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTICE OF HEARING**

A hearing will be held on this motion before \_\_\_\_\_  
Judge/Referee

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 117.

**CERTIFICATE OF MAILING**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature