

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.

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