

# Spousal Support Order

## No FOC Services

(FOC 10c)

<b>When to Use:</b>	<ul style="list-style-type: none"><li>• You are presenting your spousal support order to the court, <b>and</b></li><li>• You do not want help from the Friend of the Court office to collect support.</li></ul>
<b>Filing Fees:</b>	\$40
<b>Method of Payment:</b>	Credit Card
<b>Where to File:</b>	<a href="https://mifile.courts.michigan.gov">https://mifile.courts.michigan.gov</a>
<b>Filing Type:</b>	Uniform Child/Spousal Support Order
<b>Copies:</b>	Original, plus 1 copy if the other party does not have a MiFILE account.
<b>Additional Information:</b>	You may purchase copies and stamped envelopes in the Legal Self-Help Center.

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>UNIFORM SPOUSAL SUPPORT ORDER, NO FRIEND OF COURT SERVICES</b> <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	<b>CASE NO. and JUDGE</b>
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Court address Court telephone no.

Plaintiff's name, address, and telephone no.	<b>v</b>	Defendant's name, address, and telephone no.
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.

This order is entered  after hearing.  on stipulation/consent of the parties.

**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:
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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.
- 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.

Type	Amount Per Month	Start Date	Pay to	End Date
	\$			
	\$			
	\$			
	\$			

- 5. **Retroactive Modification and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.
- 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 spousal support orders and all continuing provisions are restated in this order.** Past-due amounts owed under any prior support order are preserved.
- 8. **Other: (Attach separate sheets as needed.)**

\_\_\_\_\_  
Plaintiff (if consent/stipulation) Date Defendant (if consent/stipulation) Date

\_\_\_\_\_  
Plaintiff's attorney Date Defendant's attorney Date

\_\_\_\_\_  
Judge signature and date

**CERTIFICATE OF MAILING**

I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature