

Approved, SCAO

STATE OF MICHIGAN
53RD **JUDICIAL CIRCUIT**
CHEBOYGAN **COUNTY**

**NOTICE OF REGISTRATION OF
OUT-OF-STATE SUPPORT ORDER
(UIFSA)**

CASE NO.

Court address

870 S MAIN ST, RM 210, PO BOX 70, CHEBOYGAN, MI 49721

Court telephone no.

231-627-8825

TO:

1. Date of registration: _____

2. Date of notice: _____

3. An order for
 payment of support,
 income withholding to pay child support,

issued by a court in _____
County and state

_____ ,
has been registered with the county clerk of this
county for enforcement. modification.

4. Arrearage as of _____ :
\$ _____

v

- A copy of the registered support order and other related documents are attached to this notice.
- The attached order is an ORDER OF THIS COURT, immediately enforceable in this state as if the order was issued in this state. Payments shall be made through the Michigan State Disbursement Unit.
- The payer of support must pay all fees as required by Michigan law.
- If you wish to contest the validity or enforcement of this registered order, you must request a hearing within 20 days from the date this notice was mailed or personally served on you (see proof of service on back) by completing the request for hearing on the bottom of this notice and returning it to the court address above. Failing to request a hearing will result in automatic confirmation of the registered order and amounts owed, and precludes you from contesting any matter that you could have asserted at registration.
- If you request a hearing, you will be notified of the date, time, and location of the hearing, by first-class mail sent to the address you provide.
- At the hearing to contest the validity or enforcement of this registered order, you may present only matters available as a defense in an action to enforce a foreign money judgment.

Check this box to request a hearing. Complete the request and return it to the court at the above address.

REQUEST FOR HEARING

I request a hearing on the matter of the registration of a support order for the following reason(s): (Check all that apply.)

- The registering state does not issuing state did not have personal jurisdiction over me.
- The order was obtained by fraud.
- The order has been vacated, suspended, or modified by later order.
- The issuing state has stayed its order pending appeal.
- The arrearage amount stated is wrong because I have made full or partial payment.
- The statute of limitations precludes enforcement of some or all of the arrearages.
- The following defense is available under the laws of this state to the remedy sought to enforce the registered order:

Other: (Explain.) _____

My address, if different from above, is: _____

Date

Signature

Proof of Service on reverse

PROOF OF SERVICE

**Notice of Registration of
Out-of-State Support Order**
Case No. _____

TO PROCESS SERVER: You must serve the copies of the notice of registration of out-of-state support order and all attachments and filed proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

<input type="checkbox"/> OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)	OR	<input type="checkbox"/> AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, that: (notarization required)
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I served a copy of the notice of registration of out-of-state support order together with all attachments by:
 personal service certified mail (return receipt attached) first-class mail

Name of respondent	Complete address of service	Day, date, time
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I have personally attempted to serve a copy of the notice of registration of the out-of-state support order, together with all attachments on _____
Name
at _____
Address
and have been unable to complete service.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee	Miles Traveled	Fee	
\$		\$	
Incorrect address fee	Miles Traveled	Fee	TOTAL FEE
\$		\$	\$

Signature

Name (type or print)

Title

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received a copy of the notice of registration of out-of-state support order together with all attachments on _____ on behalf of _____
Day, date, time

Signature of respondent