

MASTER INFORMATION SHEET

Please fill out this sheet and it will populate many of the fields included in the forms in this group.
If there are any fields that do **NOT** apply to this group, Just leave the blank empty.

Circuit Court Number: **53rd**

County of **Cheboygan**

Case No.

Put check in the space to the right of appropriate option: Ex Parte Temporary Modification Final

Court address: 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

Court Phone No. 231-627-8825

Plaintiff's Name:

Defendant's Name:

Plaintiff's address

Defendant's address

Plaintiff's Phone No.

Defendant's Phone No.

Plaintiff's Social Security Number:

Defendant's Social Security Number:

Plaintiff's Email Address

Defendant's Email Address

Plaintiff's Driver license number and state:

Defendant's Driver license number and state:

Occupational license number(s), type(s), issuing state(s), and date(s)

Occupational license number(s), type(s), issuing state(s), and date(s)

Plaintiff's attorney name, bar no., address, and telephone no.:

Defendant's attorney name, 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.

Employer's FEIN Number, if known:

Employer's FEIN Number, if known:

Child Support Payer:

Child Support Payee:

Support effective date:

If there are any fields you would like to see added to this page in the future, please feel free to let me know.

-Barb Delridge@gmail.com

Court address **Court telephone no.**
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721 231-627-8825

Plaintiff's name, address, and telephone no.	v	Defendant's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.		Defendant's attorney name, 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. after statutory review. on stipulation/consent of the parties.
 The friend of the court recommends child support be ordered as follows.
 If you disagree with this recommendation, you must file a written objection with _____ on or before **21 days** from the date this order is mailed. If you do not object, this proposed order will be presented to the court for entry.
 Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.

IT IS ORDERED, unless otherwise ordered in item 12 or 13: Standard provisions have been modified (see item 12 or 13):

1. The children who are supported under this order and the payer and payee are:

Payer:	Payee:	
Children's names, birthdates, and annual overnights with payer:		
Children's names	Date of birth	Overnights

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Support was reduced because payer's income was reduced.

(Continued on page 2.)

STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT Cheboygan COUNTY	UNIFORM CHILD SUPPORT ORDER (PAGE 2) <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
---	---	-----------------

Court address 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721	Court telephone no. 231-627-8825
--	-------------------------------------

Plaintiff's name	v	Defendant's name
------------------	---	------------------

1. **Item 1** (continued).

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18. The child-care obligation for each child ends August 31 following the child's 12th birthday. The parties must notify each other or changes in child-care expenses and must additionally notify the friend of the court if the changes and those expenses.

Post-majority Support: The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age: (Specify name of child and date obligation ends.)

2. **Insurance.** For the benefit of the children, the plaintiff defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
 up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
 not to exceed 6% of the plaintiff's/defendant's gross income.

3. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 13.

4. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.

5. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge may be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.

6. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: 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 drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.

7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

(Continued on page 3.)

Approved, SCAO

Original – Court
1st copy – Plaintiff

2nd copy – Defendant
3rd copy – Friend of the court

STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT Cheboygan COUNTY	UNIFORM CHILD SUPPORT ORDER (PAGE 3) <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
---	---	-----------------

Court address 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721	Court telephone no. 231-627-8825
---	--

Plaintiff's name	v	Defendant's name
------------------	---	------------------

8. **Redirection and Abatement:** Subject to the statutory procedures, the friend of the court: 1) may redirect support paid for a child to the person who is providing the actual care, support, and maintenance of that child, or 2) shall abate support charges for a child who resides on a full-time basis with the payer of support.
9. **Fees.** The payer of support shall pay statutory and service fees as required by law.
10. **Review.** Each party to a support order may submit a written request to have the friend of the court review the order. The friend of the court is not required to act on more than one request received from a party each 36 months. A party may also file a motion to modify this support order.
11. **Prior Orders.** **This order supersedes all prior child support orders and all continuing provisions are restated in this order.** Past-due amounts owed under any prior support order in this case are preserved and paid at the rate calculated using the arrearage guideline in the Michigan Child Support Formula.
12. **Michigan Child Support Formula Deviation.** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.
13. **Other:** (Attach separate sheets as needed.)

 Plaintiff (if consent/stipulation) Date

 Defendant (if consent/stipulation) Date

 Plaintiff's attorney Date

 Defendant's attorney Date

Prepared by: _____
 Name (type or print)

 Date

 Judge Bar No.

CERTIFICATE OF MAILING

I certify that on this date 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 in MCR 3.203. I certify that I also served the Deviation Addendum (FOC 10d) with this order.

 Date

 Signature

COURT USE ONLY

STATE OF MICHIGAN
53rd JUDICIAL CIRCUIT
Cheboygan COUNTY

UNIFORM SPOUSAL SUPPORT ORDER
(PAGE 1)

CASE NO.

EX PARTE TEMPORARY MODIFICATION FINAL

Court address
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

Court telephone no.
231-627-8825

Plaintiff's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., 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 11: Standard provisions have been modified (see item 11).

1. **Spousal Support.** Spousal support shall be paid monthly through the Michigan State Disbursement Unit as follows:

Payer:	Payee:	Amount:	Effective date:
		\$	

2. Income withholding takes immediate effect for those items payable through the Michigan State Disbursement Unit.

3. 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): _____

4. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

5. Payments that must be paid directly to the third party (not to the payee) are listed below. (Payments to be made directly to a third party are not payable through the Michigan State Disbursement Unit or friend of the court.)

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

(See page 2 for remainder of the order.)

Approved, SCAO

Original - Court
1st copy - Plaintiff

2nd copy - Defendant
3rd copy - Friend of the court

STATE OF MICHIGAN
53rd JUDICIAL CIRCUIT
Cheboygan COUNTY

UNIFORM SPOUSAL SUPPORT ORDER
(PAGE 2)
 EX PARTE TEMPORARY MODIFICATION FINAL

CASE NO.

Court address
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

Court telephone no.
231-627-8825

Plaintiff's name

v

Defendant's name

6. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. A surcharge may be added to past-due support. 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.
7. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing, of: 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 drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.
8. **Fees.** The payer of support shall pay statutory and service fees as required by law.
9. **Prior Orders. This order supersedes all prior spousal support orders.** Past-due amounts owed under any prior support order are preserved.
10. **Prior Settlement.** All property settlement (alimony in gross) payment obligations that are set forth in the judgment are not part of this order.
11. **Other: (Attach separate sheets as needed.)**

Plaintiff (if consent/stipulation) Date

Defendant (if consent/stipulation) Date

Plaintiff's attorney Date

Defendant's attorney Date

Date

Judge Bar no.

CERTIFICATE OF MAILING

I certify that on this date 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 in MCR 3.203.

Date

Signature

COURT USE ONLY

STATE OF MICHIGAN
53rd JUDICIAL CIRCUIT
Cheboygan COUNTY

**UNIFORM CHILD SUPPORT ORDER
DEVIATION ADDENDUM (PAGE _____)**

CASE NO.

Court address
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

Court telephone no.
231-627-8825

Plaintiff's name

Defendant's name

v

THE COURT FINDS:

- Paragraph(s) _____ In the preceding pages of the uniform order deviate from the Michigan Child Support Formula and are warranted to avoid an unjust or inappropriate result.
- Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
 - The child support obligation that would be ordered by applying the Michigan Child Support Formula is:

Payer:		Payee:	
Children's names, birth dates, and annual overnights with payer:			
Children's names	Date of birth	Overnights	

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Support was reduced because payer's income was reduced.

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Insurance. For the benefit of the children, the plaintiff defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
 up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
 not to exceed 6% of the plaintiff's/defendant's gross income.

(SEE SECOND PAGE)

Approved, SCAO

Original – Court
1st copy – Plaintiff

2nd copy – Defendant
3rd copy – Friend of the court

STATE OF MICHIGAN
53rd JUDICIAL CIRCUIT
Cheboygan COUNTY

**UNIFORM CHILD SUPPORT ORDER
DEVIATION ADDENDUM (PAGE _____)**

CASE NO.

Court address
870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721

Court telephone no.
231-627-8825

Plaintiff's name

v

Defendant's name

(Item 2 continued.)

b. Applying the Michigan Child Support Formula is unjust or inappropriate because: (Specify the deviation factors relied on.)

c. The child support order deviates from the Michigan Child Support Formula as follows:
(Specify which provisions of the child support formula create an unjust or inappropriate result and explain how this order deviates from the provisions.)

d. The value of property or other support awarded instead of the payment of child support: (If not applicable, put none)

Plaintiff (if consent/stipulation) Date

Defendant (if consent/stipulation) Date

Plaintiff's attorney Date

Defendant's attorney Date

Prepared by: _____
Name (type or print)

NOTE: When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.

STATE OF MICHIGAN 53rd Cheboygan	VERIFIED STATEMENT	CASE NO.
JUDICIAL CIRCUIT COUNTY		

1. Parent's last name			First name			Middle name			2. Any other names by which parent is or has been known				
3. Date of birth			4. Social security number			5. Driver's license number and state							
6. Mailing address and residence address (if different)													
7. E-mail address													
8. Eye color		9. Hair color		10. Height		11. Weight		12. Race		13. Gender		14. Scars, tattoos, etc.	
15. Home telephone no.			16. Work telephone no.			17. Occupation							
18. Business/Employer's name and address									19. Gross weekly income				
20. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No													
21. Other parent's last name			First name			Middle name			22. Any other names by which parent is or has been known				
23. Date of birth			24. Social security number			25. Driver's license number and state							
26. Mailing address and residence address (if different)													
27. E-mail address													
28. Eye color		29. Hair color		30. Height		31. Weight		32. Race		33. Gender		34. Scars, tattoos, etc.	
35. Home telephone no.			36. Work telephone no.			37. Occupation							
38. Business/Employer's name and address									39. Gross weekly income				
40. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No													
41. a. Name and sex of minor child in case			M/F	b. Birth Date		c. Age	d. Soc. Sec. No.		e. Residential Address				
42. a. Name and sex of other minor child of either party			M/F	b. Birth Date		c. Age	d. Residential Address						
43. Health care coverage available for each minor child													
a. Name of Minor Child			b. Name of Policy Holder			c. Name of insurance co./HMO			d. Policy/Certificate/Contract/Group no.				
44. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case													

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

_____ Date

_____ Signature

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201.pdf.

<p>STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT Cheboygan COUNTY</p>	<p>DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 1 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL</p>	<p>CASE NO.</p>
--	---	------------------------

USE NOTE: Complete this form and file it with the friend of the court (**do not file this form with the office of the clerk of the court**) when the first temporary custody, parenting-time, or support order is entered and when submitting any final proposed judgment awarding custody, parenting time, or support. Mail a copy to each party and file proof of mailing with the court (may use form MC 302, Proof of Mailing).

This information previously provided is changed is unchanged. (Complete only the fields that have changed.)

Date Signature

Plaintiff Information

Defendant Information

Name		Name	
Address		Address	
Social security number	Telephone number	Social security number	Telephone number
E-mail address		E-mail address	
Employer name, address, telephone number, and FEIN (if known)		Employer name, address, telephone number, and FEIN (if known)	
Driver's license number and state		Driver's license number and state	
Occupational license number(s), type(s), issuing state(s), and date(s)		Occupational license number(s), type(s), issuing state(s), and date(s)	

CUSTODY PROVISIONS sole, plaintiff = P sole, defendant = D joint = J other = O _____
(must identify)

Child's name	Social security number	Date of birth	Physical custody P, D, J, O	Child's primary residence address	Legal custody P, D, J, O

SUPPORT PROVISIONS

Support provisions are stated in the Uniform Support Order.
Medical Support provisions are stated on page 2 of this form.

STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT Cheboygan COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 2 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
---	---	-----------------

MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other