

Seventh Judicial Circuit of Michigan  
**Genesee County Friend of the Court**



**John G. Battles**  
Friend of the Court

**Larry Leslie**  
Administrative Assistant

Genesee County Adm. Bldg.  
1101 Beach St., Suite 111  
Flint, Michigan 48502-1474  
Telephone: (810) 257-3300

TO: Individuals Filling Out “Motion to Change Custody or Parenting Time Order”

FROM: John G. Battles  
Genesee County Friend of the Court

SUBJECT: “Motion to Change Custody or Parenting Time Order” Forms

When filling out “Motion to Change Custody or Parenting Time Order” forms, please read the forms and all of the instructions carefully, before filling in the information.

For the Notice of hearing Section, the Judge assigned to your case has referred this type of matter to be heard by a referee.

The Genesee County Family Court Judges are as follows:

Judge D. Beagle, Judge F. K. Behm, Judge J. Gadola, Judge M. Theile, and Judge D. Newblatt.

Hearing date, time, and location – To obtain a hearing date, time, and location, the “Motion to Change Custody or Parenting Time Order” form will have to be filed with the Genesee County Clerk’s Office, Genesee County Courthouse, 900 S. Saginaw Street, 2<sup>nd</sup> Floor, Flint MI 48502.

Effective October 1, 2004 filing fees have increased to \$100.00 payable upon filing the “Motion to Change Custody or Parenting Time Order” with the Genesee County Clerk. If this form is not filed with the Clerk’s Office, your hearing date will not be scheduled!

Please note that the Genesee County Clerk’s Office and the Friend of the Court employees are prohibited from giving legal advice. Please have the “Motion to Change Custody or Parenting Time Order” forms filled in completely and properly before filing with the Clerk’s Office. The clerk may refuse for filing if documents are not properly prepared.

Thank you.

coverparent  
05/08

## **CHANGING A CUSTODY OR PARENTING TIME ORDER**

### **FORMS AND INSTRUCTIONS**

These forms are for people who want the Court to establish or change their custody or parenting time order. Carefully read and follow all of the instructions before filling out the forms so that you understand the rights and duties of all parties.

**If you and the other party agree to the change, schedule an appointment with your caseworker at the Friend of the Court. DO NOT FILE THESE DOCUMENTS. A hearing will not be necessary.**

If you and the other party DO NOT agree, a Court hearing must be held before any change in custody or parenting time occurs. You may represent yourself at the hearing or have an attorney represent you. The Friend of the Court (FOC) office does not have to make a custody or parenting time investigation or custody or parenting time recommendation unless ordered to by the Court or recommended by a Referee. The FOC does not represent either party at this hearing.

### **MOTION TO CHANGE CUSTODY OR PARENTING TIME ORDER**

**THIS FORM MUST BE COMPLETED IN INK. DO NOT USE PENCIL.**

- Step 1:**
- Print or type your case number and the Judge's name in the upper right hand corner.
  - From your original court papers, identify who is the Plaintiff and who is the Defendant. Fill in the names, current addresses, telephone numbers and social security numbers for yourself and the other party in the boxes provided.
- Step 2:** Put your name on the "Name of party filing motion" line.
- Step 3:** Answer each of the numbered questions as instructed below.
- Place a check mark in the box by the party who currently has legal custody (custody by court order) of the child(ren). Place a check mark in the box by the party who currently has physical custody (has the child(ren) living with them now).
  - Write the name, birth date, and social security number of the child(ren) involved in THIS case.
  - Write the current court ordered parenting time.
  - Briefly state changes which have occurred since the last court order.
  - Check the boxes that are correct for the changes you are requesting.
  - Write in the amount you think the support should be. Please be aware that support is set by the child support guidelines based on the income of both parents. If you do not know what support should be, you may write "according to the guidelines" in this area.
  - List anything else you would like to have changed.

If you need more space to list your requests, use a separate sheet of paper.  
Print this information as neatly as you can.

When you have answered all the questions, fill in the date and sign your name.

**Step 4:** Make 4 copies of the motion form and 5 copies of each attachment (separate sheet of paper).

**Step 5:** Take the original form with attachments stapled to the original and the copies to the Clerk's Office. The Clerk's Office is located on the second floor of the Circuit Court Building at the corner of Court St. and Saginaw St.

**Step 6:** The Clerk will fill in the hearing date and time on the original and all copies, collect the filing fees, and return 3 copies to you. **Filing fees have increased to \$100.00 effective October 1, 2004.** They will place the original in the Court's file and forward one copy to the Referee.

### **Completing the "CERTIFICATE OF MAILING"**

There are court rules which must be followed to make sure that the other person knows about the hearing. The "Motion to Change Custody or Parenting Time Order" form must be mailed at least nine (9) days before the hearing date.

**Step 7:** Have someone unrelated over the age of 18 (not you) mail a copy of the "Motion to Change Custody or Parenting Time Order" with any attachments and "Response to Motion Regarding Parenting Time" with instructions (pages 6-9) to the other party making sure your return address is on the envelope.

**Step 8:** After that person mails the documents, have them fill in the date they mailed it and sign their name in the "Certificate of Mailing" section of the two (2) copies you have left.

**Step 9:** Return to the Clerk's Office with both completed copies. The Clerk will keep one for the Court's file and "True Copy" stamp and return the other copy to you. You must file the "Certificate of Mailing" portion of the form at least seven (7) days prior to the hearing date.

### **You are now ready to attend your Referee Hearing.**

#### **What happens if the copy sent to the other party is returned to you?**

The hearing cannot be held until you can prove to the Court that the other party knows about the hearing. If the other party's copy is returned to you, you must:

1. Get the current address of the other party from the Friend of the Court or another source.
2. If there are less than eight (8) days before the hearing date, call the Clerk's Office at 810 257-3220 (Legal Division) to reschedule the hearing date.
3. Fill out a new "Motion to Change Custody or Parenting Time Order" form listing the new hearing date. Write the prefix "Re-" before the word "Motion" at the top center of the form. This will alert the clerk that this is a "Re-" scheduled motion and that another filing fee will not be required. Return to the Clerk's Office to "Re-" file the motion form. Follow all the same steps as when filing the original motion including the "Certificate of Mailing" portion.
4. When a new address cannot be obtained, refer to the MI Court Rules MCR 2.106. A copy of these rules may be available at your local library.

### **Getting Ready for Court**

1. Read the list of factors that must be considered by the Court. A list can be found in the FOC Pamphlet. This is what the Referee will consider in determining the best interest of the child(ren) if custody is to be decided.
2. Make a list of information which you feel is important for the Referee to know. This information should consider the best interest of the child(ren).
3. Gather any paper such as school, church, or police records, etc., that you think will show the Referee why or why not a change in the custody or parenting time order should be made.
4. Bring proof of your income. You should have your last three years tax returns and information on your current income.
5. If you have any information regarding the other party's income, you should bring that information.
6. Bring information regarding your medical, dental and vision coverage that may also cover the child(ren). If you have information about the health insurance of the other party, you should also bring that.
7. **Dress appropriately and do not bring your children with you.** If the Referee needs to speak to the child(ren), another time will be scheduled.
8. Please allow ample time for Court delays.
9. Do not send someone to the hearing in your place. Unless you hire an attorney, you must represent yourself.

## **The Hearing**

Listed below are some tips which may help both parties during the hearing:

1. Listen carefully to what the Referee says during the hearing.
2. If you want to tape record the hearing, you must ask the Referee before the hearing starts.
3. The Referee will listen to you, but do not interrupt. Raise your hand and wait for the Referee to call on you before speaking.
4. Ask questions of the Referee if you do not understand that the changes they have recommended.
5. Make sure you know and write down the following:
  - a. Will there be an investigation and for what purpose?
  - b. What is the Referee recommending?
  - c. What is the new parenting time, if any?
  - d. Who will have custody (physical and/or legal).

## **Qualified Medical Child Support Order**

Complete the attached "**Employer's Disclosure of Income and Health Insurance Information**" yourself or have your employer complete it and bring it to your hearing and also provide a copy to the Friend of the Court. Before completing the recommendation, the Referee will need to know the following additional information:

- If your health insurance or the other parent's health insurance covers the minor child(ren) of the parties.
- What is the type of health insurance? Does it just cover medical or does it include dental or optical coverage?
- The name of the plans. Some common plans are Blue Cross/Blue Shield, Informed Choice Plan, Blue Care Network, and Metropolitan.
- The social security number of the parent who will be covering the child(ren) on their health insurance.
- The social security numbers, birth dates, and addresses of the minor child(ren) to be covered under the health plans.

## **After the Hearing**

The Referee hearing the matter will prepare a Referee Recommendation for an Order. A copy of that recommendation will be mailed to each party. The recommendation will become an order of the Court twenty-one (21) days after the Referee's Recommendation was served on the parties. Either party may file an objection and follow the procedure included with the Referee Recommendation. Effective October 1, 2004, the Referee Recommendation shall be an interim order even if objected to. It would be in both parties best interest to verify the mailing addresses on file at both the Friend of the Court as well as the Circuit Court so that when the recommendation is mailed, each party will receive a copy.

The Referee may require a Friend of the Court investigation be done, and will prepare an order if that is required. That order for investigation would be submitted only if the Referee requests it. After it is signed by the Referee, you must file it with the Clerk's office and, if your case is pre-judgment, pay a filing fee of \$40.00. You must give a "True Copy" of it to the Friend of the Court and the other party. You, and the other party should then contact the Friend of the Court to arrange an appointment.

## **Right to a Judicial Hearing**

The parties have a right to a judicial hearing. This is a hearing before the Family Law Judge assigned to your case. A judicial hearing may be obtained by filing an objection to a referee hearing within twenty-one (21) days of the date the recommendation was mailed to you. To file a written objection, you must go to the Clerk's Office and complete an "OBJECTION TO REFEREE'S RECOMMENDED ORDER" (blank forms are available at the Clerk's Office). You will pay a \$20.00 filing fee, and the clerk will issue a hearing date. Bring with you a copy of the recommendation to use as a guide when completing the objection.

The party requesting a judicial hearing must serve the objection and notice of hearing on the opposing party or counsel in the manner provided in MCR2.119 © and give notice to the Friend of the Court MCR3.0203 (b).

Effective October 1, 2004, the Referee Recommendation shall be an interim order even if objected to.



STATE OF MICHIGAN 7 <sup>TH</sup> JUDICIAL CIRCUIT COURT GENESEE COUNTY	<b>EMPLOYER'S DISCLOSURE OF INCOME AND HEALTH INSURANCE INFORMATION</b>	COURT CASE NO.
---	---	----------------

FRIEND OF THE COURT 1101 BEACH STREET FLINT MICHIGAN 48502 PHONE: (810) 257-3300

The Information obtained will be treated as confidential and shall not be used or released except for the purposes of administering, enforcing, and complying with state and federal laws governing child support.

PLAINTIFF DEFE	NDANT
----------------	-------

1. EMPLOYEE NAME	4. EMPLOYER NAME
2. EMPLOYEE ADDRESS	5. EMPLOYER ADDRESS
3. EMPLOYEE SOCIAL SECURITY NUMBER	

Complete items 6, 7, and 8 if insurance is **available** to employee.

6. Medical insurance company name, address, telephone no. and policy no.	7. Dental insurance company name, address, telephone no. and policy no.
8. Optical insurance company name, address, telephone no. and policy no.	9. What dependent coverage is automatically available?  _____ Medical    _____ Dental    _____ Optical

10. What dependent coverage is available by payment of an additional premium? Specify cost to employee:  _____ Medical \$ _____ Per _____    _____ Dental \$ _____ per _____    _____ Optical \$ _____ per _____
--

11. What dependents of employee are covered?				Effective Date of Coverage		
Name	Date of Birth	Relationship	Medical	Dental	Optical	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

12. Hourly base pay:	13. Shift Premium:	14. COLA	15. Avg. Overtime:	16. W-4 Exemp.	17. Reg. work hours: \$ _____/wk	18. Pay period (weekly, etc.):
----------------------	--------------------	----------	--------------------	----------------	-------------------------------------	--------------------------------

19. No. weeks paid this year:	20. Date Hired:	21. Date of termination (if applicable):	22. Reason for leaving:	23. Is this employee receiving unemployment benefits?  _____ Yes    _____ No
-------------------------------	-----------------	--	-------------------------	--

(Continued on next page)



## **"RESPONSE TO MOTION TO CHANGE CUSTODY OR PARENTING TIME ORDER"**

### **Instructions to Moving Party:**

These instructions and all attached forms need to be mailed to the other party along with a "TRUE COPY" of your "Motion to Change Custody or Parenting Time Order"

### **Instructions to Non-Moving Party:**

If you AGREE to the Motion you should contact the other party and make a joint appointment to see your caseworker.

If you DO NOT AGREE with the MOTION TO CHANGE CUSTODY OR PARENTING TIME ORDER, and can hire an attorney to represent you, you may respond verbally, and you may respond in writing. To respond verbally, attend the hearing as scheduled and the Referee will give you ample opportunity. To respond in writing, complete the "Response to Motion to Change Custody or Parenting Time Order" following the instructions below.

### **ALL FORMS MUST BE COMPLETED IN INK.**

- A** Before you fill in the Case No., get your copy of the "Motion to Change Custody or Parenting Time Order" and copy the Case No. and the Judge's name from that paper on to this form.
- B** Fill in the Plaintiff's and Defendant's names as they are listed on the Motion. Also be sure to fill in addresses and phone numbers for both parties.
- C** Check box "a" or "b" as it applies to your particular case.
- D-E-F-G** Check the appropriate boxes that apply to your case. Print this information as neatly as you can. If you need more space, use a separate sheet of paper. You will need 5 copies of this sheet to attach to the original and 4 copies of the Response.
- H** Write in today's date and sign your name.

Now go to the Clerk's office with the original and 4 copies with copies of each attachment (separate sheet of paper) stapled to the original and the copies. The clerk will keep the original and you will receive 3 copies back (1-you, 1-the other party, 2-Certificate of Mailing).

### **I Completing the "CERTIFICATE OF MAILING"**

There are court rules which must be followed which make sure that the other person knows a response has been given. The "RESPONSE TO MOTION TO CHANGE CUSTODY OR PARENTING TIME ORDER" form must be mailed at least five (5) days before the hearing date.

- Step 1. Have someone unrelated over the age of 18 (not you) mail the copy of the "Response to Motion to Change Custody or Parenting Time Order" to the other party, making sure your return address is on the envelope.
- Step 2. After mailing the other person's copy, have the person who mailed it sign their name in the "Certificate of Mailing" section of the two (2) copies you have left.
- Step 3. Return to the Clerk's Office with both completed copies. The clerk will keep 1 copy for the court's file and "True Copy" stamp and return the other copy for you. You must file the "Certificate of Mailing" portion of the form at least 3 days prior to the hearing date.

### **Getting Ready for Court**

Listed below are some tips, which may help both parties get ready for the hearing.

1. Make a list of information which you feel is important for the Referee to know.
2. Bring proof of your income. You should have your last three (3) years tax returns and information on your income.
3. Bring information regarding your medical, dental, and vision coverage that may also cover the child. If you have information about the health insurance of the other party, you should also bring that.
4. Bring your "True Copies" of the "Motion to Change Custody or Parenting Time Order" with attachments and the "Certificate of Mailing" with you.
5. Gather any papers such as school, church, or police records, etc., that you think will show the Referee why a change in the custody, or parenting time order should or should not be made.
6. **Dress appropriately and do not bring your children with you.**
7. Please allow ample time for Court delays.
8. Do not send someone to the hearing in your place. Unless you hire an attorney, you must represent yourself.

### **The Hearing**

Listed below are some tips, which may help both parties during the hearing.

1. Listen carefully to what the Referee says during the hearing.
2. If you want to tape record the hearing, you must ask the Referee before the hearing starts.
3. The Referee will listen to you but do not interrupt the Referee or the other party. Raise your hand and wait for the Referee to call on you before speaking.
4. Ask questions of the Referee if you do not understand the changes that were ordered.
5. Make sure you know and write down the following:
  - a. When the change in the order begins (effective date).
  - b. How much the support amounts will be for each child.
  - c. Other changes made by the Referee.

### **Qualified Medical Child Support Order**

Complete the attached "**Employers Disclosure of Income and Health Insurance Information**" yourself or have your employer complete it and bring it to your hearing and also provide a copy to the Friend of the Court. Before completing the recommendation, the Referee will need to know the following additional information:

- If your health insurance or the other parent's health insurance covers minor children of the parties.
- What is the type of health insurance? Does it just cover medical or does it include dental or optical coverage?
- The name of the plans. Some common plans are Blue Cross/Blue Shield, Informed Choice Plan, Blue Care Network, and Metropolitan.
- The social security number of the parent who will be covering the child(ren) on their health insurance.
- The social security numbers, birth dates, and addresses of the minor child(ren) to be covered under the health plans.

### **After the Hearing**

The Referee hearing the matter will prepare a Referee Recommendation for an Order. A copy of that recommendation will be mailed to each party. The recommendation will become an Order of the Court twenty-one (21) days after the Referee's recommendation was served on the parties. Either party may file an objection and follow the procedure included with the Referee recommendation. Effective October 1, 2004, the Referee

Recommendation shall be an interim order even if objected to. It would be in both parties best interest to verify the mailing addresses on file at both the Friend of the Court as well as the Circuit Court so that when the recommendation is mailed each party will receive a copy. The next section explains how to appeal the recommendation of the Referee.

The Referee may require a Friend of the Court investigation before setting support. An order for the Friend of the Court investigation will be prepared by the Referee, if that is required. That Order for investigation would be submitted only if the Referee requests it. After it is signed by the Referee, you must file it with the Clerk's Office and, if your case is pre-judgment, pay a filing fee of \$40.00. You must give a "True Copy" of it to the Friend of the Court and the

other party. You, and the other party should then contact the Friend of the Court to arrange an appointment.

### **Right to a Judicial Hearing**

The parties have a right to request a judicial hearing. This is a hearing before the Family Law Judge assigned to your case. A judicial hearing may be obtained by filing an objection to a referee hearing within twenty-one (21) days of the date the recommendation was mailed to you. To file an objection, you must go to the Clerk's Office and complete an "OBJECTION TO REFEREE'S RECOMMENDED ORDER" (blank forms are available at the Clerk's Office). You will pay a \$20.00 filing fee, and the Clerk will issue a hearing date. Bring with you a copy of the recommendation to use as a guide when completing the objection.

The party requesting a judicial hearing must serve the objection and notice of hearing on the opposing party or counsel in the manner provided in MCR2.119 (c) and give notice to the Friend of the Court MCR3.0203 (b).

Effective October 1, 2004, the Referee Recommendation shall be an interim order even if objected to.

<b>STATE OF MICHIGAN</b> <b>7<sup>th</sup> JUDICIAL CIRCUIT</b> <b>GENESEE COUNTY</b>	<b>RESPONSE TO</b> <b>MOTION REGARDING PARENTING TIME</b>	<b>A</b> <b>CASE NO.</b>
---	--	-----------------------------

900 S. SAGINAW ST. FLINT, MI 48502

COURT TELEPHONE NO. (810) 257-3300.

**B** Plaintiff's name, address, telephone no.  moving party

---

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

v

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

**C** 1.  a. On \_\_\_\_\_ a judgment  
Date  
or order was entered regarding support.  
 b. There is currently no order regarding support.

**D**  2. I  have  have not \_\_\_\_\_ disobeyed the parenting time order as stated in the motion.  
Explain in detail what you do not agree with in item 2. of the motion and why. Include all necessary facts. Use a separate sheet of paper if needed.

**E**  3.  a. I agreed with the other party to start or make changes in parenting time as state in the motion.  
 b. I agreed with the other party to start or make changes in parenting time. They were not what was stated in the motion.  
 c. I did not agree with the other party to start or make changes in parenting time.  
If b. is checked, explain in detail what you did not agree on. Include all necessary facts. Use a separate sheet of paper if needed.

**F** 4. I  agree  do not agree that it is in the best interests of the child(ren) to  establish  change parenting time as stated in the motion.  
If you do not agree with the motion explain why it is in the best interests of the child(ren). Use a separate sheet of paper if needed.

**G** 5. **I ask the court to order that parenting time**  be  not be  established  changed  made up as stated in the motion.  
If you do not agree with the request in motion, explain in detail what you want the court to order. Use a separate sheet of paper if needed.

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

**H** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this response on the other party(ies) by ordinary mail at the above address(es).

**I** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature

STATE OF MICHIGAN 7 <sup>TH</sup> JUDICIAL CIRCUIT COURT GENESEE COUNTY	<b>EMPLOYER'S DISCLOSURE OF INCOME AND HEALTH INSURANCE INFORMATION</b>	COURT CASE NO.
---	---	----------------

FRIEND OF THE COURT 1101 BEACH STREET FLINT MICHIGAN 48502 PHONE: (810) 257-3300

The Information obtained will be treated as confidential and shall not be used or released except for the purposes of administering, enforcing, and complying with state and federal laws governing child support.

PLAINTIFF DEFE	NDANT
----------------	-------

1. EMPLOYEE NAME	4. EMPLOYER NAME
2. EMPLOYEE ADDRESS	5. EMPLOYER ADDRESS
3. EMPLOYEE SOCIAL SECURITY NUMBER	

Complete items 6, 7, and 8 if insurance is **available** to employee.

6. Medical insurance company name, address, telephone no. and policy no.	7. Dental insurance company name, address, telephone no. and policy no.
8. Optical insurance company name, address, telephone no. and policy no.	9. What dependent coverage is automatically available?  <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical

11. What dependent coverage is available by payment of an additional premium? Specify cost to employee:  <input type="checkbox"/> Medical \$ _____ Per _____ <input type="checkbox"/> Dental \$ _____ per _____ <input type="checkbox"/> Optical \$ _____ per _____
---

11. What dependents of employee are covered?				Effective Date of Coverage		
Name	Date of Birth	Relationship	Medical	Dental	Optical	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

12. Hourly base pay:	13. Shift Premium:	14. COLA	15. Avg. Overtime:	16. W-4 Exemp.	17. Reg. work hours: \$ _____/wk	18. Pay period (weekly, etc.):
----------------------	--------------------	----------	--------------------	----------------	-------------------------------------	--------------------------------

19. No. weeks paid this year:	20. Date Hired:	21. Date of termination (if applicable):	22. Reason for leaving:	23. Is this employee receiving unemployment benefits?  <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------	-----------------	--	-------------------------	---

(Continued on next page)

