

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 Support Order"

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

SUBJECT: "Motion to Change Support Order" Forms

When filling out "Motion to Change Support 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 Support Order" form will have to be filed with the Genesee County Clerk's Office, Genesee County Courthouse, 900 S. Saginaw Street, 2nd Floor, Flint MI 48502.

Effective October 1, 2004 filing fees have increased to \$60.00 payable upon filing the "Motion to Change Support 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 Support 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.

Coversupj
05/08

CHANGING A SUPPORT ORDER

FORMS AND INSTRUCTIONS

These forms are for people who want the court to change their support orders. Carefully read and follow all of the instructions before filling out the forms so that you understand the rights and duties of all parties. A court hearing must be held before any change in support occurs, unless you and the other party come to an agreement.

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.

The Friend of the Court (FOC) office does not have to make a support investigation or support recommendation unless ordered to by the court. The FOC does not represent either party at this hearing.

On the actual "Motion Regarding Support", you will notice a section in the upper right corner with an "A" in the box with the words "CASE NO.", you will apply the instructions below for "A", "B", etc.

Please print neatly. After filling in the form, you will need to make at least 5 copies of the form and any attachments you may have.

Items "A" through "J" must be completed before your motion can be filed with the court. Please read the instructions for each item. Then fill in the correct information for the item on the form.

- A** Before you fill in the Case No., and the Judge's name, get your court papers for divorce, separate maintenance, paternity, or family support and copy the Case No. and Judge's name from those court papers onto this form
- B** Also use your court papers to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from those court papers onto this form. For example, if your name is in the box that says "Plaintiff", then you should write your name in the "Plaintiff" box on this motion form.
- You are the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as your name appears.
- C** Check only one box. If you have a judgment or order for divorce, separate maintenance, paternity, or family support, read it carefully to find out if there is any information in it about support. If there is information about support, check box (a). If there is no information about support, check box (b).
- D-F** Check these boxes only if you checked box (a) in **C** above. Read your court papers for divorce, separate maintenance, paternity, or family support to find out who was ordered to pay support, child care, and health care; how much; and how often. Write this information here.
- G** Check this box only if you checked box (a) in **C** above and conditions have changed that require a change in support. Explain in as much detail as possible what has happened. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 4 copies of this sheet to attach to the 5 copies of this form.
- H** Check this box if you and the other party have agreed to start support or make changes in the support. Explain in as much detail as possible what you have agreed on. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 5 copies of this sheet to attach to the copies of this form. It would be a good idea for the other party to file the response to motion to show the agreement was in fact made.

I You need to explain in as much detail as possible what you want the court to order. If you checked **F** above, check the box "Same as 6. above". Otherwise, write in the details. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 5 copies of the sheet to attach to the copies of this form.

J Write in today's date and sign your name.

Please have the "Motion to Change Support 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.

K Now go to the County 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 fill in your hearing date and time on each, and collect filing fees. **Filing fees have increased to \$60.00 effective October 1, 2004.** The clerk will keep the original and return 4 copies to you; you keep 1 copy for yourself, 1 copy is mailed to the other party and 2 copies will be used for the "Certificate of Mailing" (return copy).

L 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 Regarding Support" form must be mailed at least nine (9) days before the hearing date.

Step 1: Have someone unrelated over the age of 18 (not you) mail a copy of the "Motion Regarding Support" with any attachments and "Response to Motion Regarding Support" with the instruction (pages 7-10 of this packet) to the other party making sure your return address is on the envelope.

Step 2: 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 2 photocopies you have left.

Step 3: Return to the Clerk's Office with both completed photocopies. The clerk will keep 1 copy 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 7 days prior to the hearing date.

You are now ready to attend your Referee Hearing.

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

The hearing cannot be held until it can be proven to the court that both parties know about the hearing. If the other person's copy is returned to you, you must:

1. Get the current address of the other person from the Friend of the Court or another source.
2. **If there are less than eight (8) days before the original hearing date**, go to the clerk's office to reschedule the original hearing date. Make 4 copies of your copy of the "Motion Regarding Support" form and bring them with you. The clerk will issue a new date and write that new date on all 4 copies. You must then follow all the same procedures for mailing the new date to the other party.
3. **When a new address cannot be obtained**, go to the clerk's office to reschedule the original hearing date. Make 4 copies of your copy of the "Motion Regarding Support" form and bring them with you. The clerk will issue a new date and write the new date on all 4 copies. Other ways of notifying the other party are listed in the Michigan Court Rules (MCR 2.106). A copy of the Michigan Court Rules may be available at your local library.
4. A maximum of TWO (2) adjournments (rescheduled hearings) are allowed. After two adjournments have been granted, the motion will be dismissed. When the petitioner gets their paperwork in order, they will have to file another motion for a new hearing date and pay another \$20.00 filing fee.

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. Gather any papers such as pay stubs, tax returns, unemployment records, expenses for children, etc., that you think will show the Referee why or why not a change in the support order should be made.
3. Bring proof of your income. You should have your last three (3) years tax returns and information on your income.
4. If you have any information regarding the other party's income, you should bring that information to Court.
5. 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.
6. Bring your "True Copies" of the "Motion Regarding Support" with the attachments and "Certificate of Mailing" with you.
7. **Dress appropriately and do not bring your children with you.**
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 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 "**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 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 children on their health insurance.
- The social security numbers, birth dates, and addresses of the minor children 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 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, you will 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 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 (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.

STATE OF MICHIGAN
7th JUDICIAL CIRCUIT
GENESEE COUNTY

MOTION REGARDING SUPPORT

A CASE NO.

900 S. SAGINAW STREET, FLINT MI 48502

COURT TELEPHONE: (810) 257-3220

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

V

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

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. The plaintiff defendant is ordered to pay support of \$ _____ each _____
week, month, etc.

E 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____
week, month, etc

F 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____
week, month, etc.

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.

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

J _____
Date Moving party's signature

NOTICE OF

A hearing will be held on this motion

K on _____ at _____ at _____
Date Time Place
Name of judge or referee

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 mailed a copy of this motion and notice of hearing on the other party(ies) by ordinary mail at the above address(es).

L _____
Date Moving party's signature

STATE OF MICHIGAN 7 TH JUDICIAL CIRCUIT COURT GENESEE COUNTY	EMPLOYER'S DISCLOSURE OF INCOME AND HEALTH INSURANCE INFORMATION	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)

Calculate year to date figures as of last pay period:

24. INCOME	Reg. Earnings (include shift premium & cola)	Overtime Co	mmissions & Bonuses	Pension & Longevity	Profit Sharing	Other (explain)	Gross	Deferred income in addition to gross
Year to Date								
Last Calendar Year								

25. Other Income	Disability	Workers Comp	SUB Pay
Year to Date			
Last Calendar Year			
Disability Carrier:		Workers Compensation Carrier:	

26. WITHHOLDING	Federal Income Tax	F.I.C.A.	State Income Tax	Local Income Tax	Mandatory Professional or Union Dues	Alimony and Child Support	Mandatory Withholding (explain)
Year to Date							
Last Calendar Year							

Sign and return to the Friend of the Court address listed in the heading on the previous page. Use the space below if necessary, for additional explanations. See NOTICE TO EMPLOYER below.

Date

Name and signature of person preparing this form

Telephone number

NOTICE TO EMPLOYER

Under Michigan Law you are required to provide information relative to the custodial or absent parent as follows:

Sec. 18 (1) Subject to subsection (3) and (4), upon the request of the office of the Friend of the Court, any employer or former employer of a parent as defined in section 1 of the office of child support act, 1971 PA 174, MCL 400.231, who is or was employed as an employee or independent contractor, shall provide the following information relative to the custodial parent of absent parent:

1. Full name and address.
2. Social Security number (unless the parent is exempt under state or federal law).
3. Date of birth
4. Amount of wages earned by or other income due the custodial parent or absent parent. Both net and gross income shall be reported, regardless of the method of payment.
5. The following information concerning the person’s current and former employment status: whether or not the custodial parent or absent parent is currently employed, laid off, or on sick, disability or other leave of absence, or retired and the amount of income due from an employment related benefit plan, if any.
6. Dependent health care coverage available to the custodial parent or absent parent as a benefit of employment.

Use this space for any necessary explanations from previous page.

FORM FOC 51 "RESPONSE TO MOTION REGARDING SUPPORT"

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 REGARDING SUPPORT".

Instructions to Non-Moving Party:

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

If you DO NOT AGREE to the MOTION REGARDING SUPPORT, you 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 Regarding Support" 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 Regarding Support and copy the Case No. from that paper onto 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.** Check off if the Plaintiff or the Defendant is ordered to pay support and list how much.
- E.** Check off if the Plaintiff or the Defendant is ordered to pay child care and list how much.
- F.** Check off if the Plaintiff or the Defendant is ordered to pay health care and list how much.
- G.** Check this box only if "G" is checked on the "Motion Regarding Support" form. Then check whether you agree or do not agree with what was said in the Motion form. If you check the box "do not agree", explain in as much detail as possible what you do not agree with and why. 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 attached to the original and 4 copies of the response.
- H.** Check this box only if "H" is checked on the Motion form. Then check whether you "agree" or "do not agree" with what was said in the Motion form. If you checked the box "do not agree", explain in as much detail as possible what you do not agree on. 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.
- I.** If you agree with the request in the Motion, check box "a". If you do not agree with the request, check box "b". If you checked box "b", explain in as much detail as possible why you do not agree with the request in the Motion and what you want the court to order. If you need more space, use a separate sheet of paper. Print your explanation as neatly as you can. You will need 5 copies of this sheet to attached to the original and 4 copies of the Response.
- J.** 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) staple to the original and the copies. The clerk will keep the original and you will receive 4 copies back, (1-you, 1-the other party, 2-Certificate of Mailing).

K. 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 REGARDING SUPPORT" 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 a copy of the "RESPONSE TO MOTION REGARDING SUPPORT" to the other party making sure your return address is on the envelope.
- Step 2: 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) photocopies you have left.
- Step 3: Return to the Clerk's Office with both completed photocopies. 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 three (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. Gather any papers such as pay stubs, tax returns, unemployment records, expenses for children, etc., that you think will show the Referee why or why not a change in the support order should be made.
3. Bring proof of your income. You should have your last three (3) years tax returns and information on your income.
4. If you have any information regarding the other party's income, you should bring that information to Court.
5. 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.
6. Bring your "True Copies" of the Motion Regarding Support with attachments and Certificate of Mailing with you.
7. **Dress appropriately and do not bring your children with you.**
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 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 "**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 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 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, you will 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 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 (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.

Approved, SCAO

STATE OF MICHIGAN
7TH JUDICIAL CIRCUIT
GENESEE COUNTY

**RESPONSE TO
MOTION REGARDING SUPPORT**

A CASE NO.

900 S. SAGINAW ST., FLINT, MI 48502

COURT TELEPHONE: (810) 257-3220

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

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

A 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. The plaintiff defendant is ordered to pay support of \$ _____ each _____ week, month, etc.
- E** 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____ week, month, etc.
- F** 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____ week, month, etc.
- G** 5. I agree do not agree that conditions regarding support have changed as stated in the motion.
 Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

H 6. I agreed with the other party to start/change support:
 a. exactly as stated in the motion.
 b. but not as stated in the motion.
 If b. is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

I 7. a. I agree with what is being asked for in the motion.
 b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:
 If you do not agree with the request in the motion, explain in detail why and 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.

J _____
 Date Responding party's signature

CERTIFICATE OF MAILING

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

K _____
 Date Responding party's signature

STATE OF MICHIGAN 7 TH JUDICIAL CIRCUIT COURT GENESEE COUNTY	EMPLOYER'S DISCLOSURE OF INCOME AND HEALTH INSURANCE INFORMATION	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

11. 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)

Calculate year to date figures as of last pay period:

24. INCOME	Reg. Earnings (include shift premium & cola)	Overtime Co	mmissions & Bonuses	Pension & Longevity	Profit Sharing	Other (explain)	Gross	Deferred income in addition to gross
Year to Date								
Last Calendar Year								

25. Other Income	Disability	Workers Comp	SUB Pay
Year to Date			
Last Calendar Year			
Disability Carrier:		Workers Compensation Carrier:	

26. WITHHOLDING	Federal Income Tax	F.I.C.A.	State Income Tax	Local Income Tax	Mandatory Professional or Union Dues	Alimony and Child Support	Mandatory Withholding (explain)
Year to Date							
Last Calendar Year							

Sign and return to the Friend of the Court address listed in the heading on the previous page. Use the space below if necessary, for additional explanations. See NOTICE TO EMPLOYER below.

Date

Name and signature of person preparing this form

Telephone number

NOTICE TO EMPLOYER

Under Michigan Law you are required to provide information relative to the custodial or absent parent as follows:

Sec. 18 (1) Subject to subsection (3) and (4), upon the request of the office of the Friend of the Court, any employer or former employer of a parent as defined in section 1 of the office of child support act, 1971 PA 174, MCL 400.231, who is or was employed as an employee or independent contractor, shall provide the following information relative to the custodial parent of absent parent:

7. Full name and address.
8. Social Security number (unless the parent is exempt under state or federal law).
9. Date of birth
10. Amount of wages earned by or other income due the custodial parent or absent parent. Both net and gross income shall be reported, regardless of the method of payment.
11. The following information concerning the person’s current and former employment status: whether or not the custodial parent or absent parent is currently employed, laid off, or on sick, disability or other leave of absence, or retired and the amount of income due from an employment related benefit plan, if any.
12. Dependent health care coverage available to the custodial parent or absent parent as a benefit of employment.

Use this space for any necessary explanations from previous page.