STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILE EX PARTE MODIFICATION		IPPORT ORDER TEMPORARY FINAL	CASE NO. and JUDGE
Court address				Court telephone no.
Plaintiff's name, address, and telephone no.		v	Defendant's name, addre	ess, 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 inc	come name, address, and telephone no.
This order is entered ☐ after hear ☐ The friend of the court recommend ☐ If you disagree with this recommer 21 days from the date this order is entry. ☐ Attached are the calculations pursuant IT IS ORDERED, unless otherwise or ☐ Standard provisions have been in ☐ Standard provisions have been i	s child support be ord ndation, you must file s mailed. If you do not uant to MCL 552.505(dered in item 11 or 12	ered a w obj 1)(h	d as follows. ritten objection with _ ect, this proposed ord) and MCL 552.517b	der will be presented to the court for
1. The children who are supported Payer:	under this order and		e payer and payee a	ire:
Children's names and annual overnigh Children's name				Overnights
Effective,	the payer shall pay a	mor	nthly child support ob	ligation for the children named above.
Approved, SCAO			Distribute form to:	

Approved, SCAO Form FOC 10/52, Rev. 7/21 MCL 552.14, MCL 552.517, MCL 552.517b(3), MCL 552.517f, MCR 3.211 Page 1 of 4 Distribute form to: Court Plaintiff Defendant Friend of the court

Uniform Child Support Order (7/21) Page 2 of 4					Case No.				
	Item 1 (continu	ed).							
Chi	Idren supported	 d:	1 child	2 children	3	children	4 children	5 or mo	ore children
			support plus or	minus premium ad	justment	for health-car	e insurance)		
	upport:	\$		\$	\$		\$	\$	
	emium adjust:	\$		\$	\$		\$	\$	
1	ubtotal:	\$		\$	\$		\$	\$	
	linary medical:	\$		\$	\$		\$	\$	
i	ld care:	\$		\$	\$		\$	\$	
Oth		\$		\$	\$		\$	\$	
	nefit credit:	\$		\$	\$		\$	\$	
Tot		\$		\$	\$		\$	\$	
	Support was red	aucea	because payer:	s income was redu	cea.				
	be paid ordinary medica	l amou	% by the plaintiff int for the year th	uninsured health-ca and9 ey are incurred that annual ordinary med	% by the o are not pa	defendant. Unir aid within 28 da	nsured expenses ays of a written pa	exceeding that	e annual st may be
•	18 years of follows, ex	ority Sof age.	Support: The fol Therefore, the	llowing children will support obligation t t extend beyond th on ends.)	for each	specific child	ends on the last	day of the m	onth as
1	friend of the co following the ch	urt if th	e changes end 2th birthday, at v	ach other of chang those expenses. T which time the total er.	he child- I child ca	care obligatior	n for each child	ends on Aug	ust 31
[coverage (as def when that cove net cost of addi up to a maxil	ined in large is not not included in the including including in the including including in the including including in the including includ	MCL 552.602) that s accessible to the children to the of \$	efit of the children, includes payment he child and availal parent's coverage for plaintiff. defendant's gross in	for hospi ble at a r □ u _t	tal, dental, op easonable cos	tical, and other	health-care e ble cost is th	expenses ne parent's
				lding takes immedi ordered in item 12.	ate effec	t. Payments s	hall be made th	rough the Mi	chigan State
				his order is a qualit e friend of the cour					

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.

parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable

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6. Address, Employment Status, Health Insurance. Both paramailing and residential addresses and telephone numbers; their sources of income; c) their health-maintenance or insurcontract numbers; d) their occupational or driver's licenses; a pursuant to MCL 552.603. Both parties shall notify the friend information. Failure to do so may result in a fee being impose	o) the names, addresses, and telephone numbers of ance companies, insurance coverage, persons insured, or and e) their social security numbers unless exempt by law of the court in writing within 21 days of any change in this
7. Foster-Care Assignment. When a child is placed in foster of Department of Health and Human Services while under the sa county-funded program.	
8. Redirection and Abatement. As provided by MCL 552.6050 may redirect support paid for a child to the person who is prochild, and shall abate support charges to zero for a child who the payer of support will be incarcerated for 180 consecutive.	oviding the actual care, support, and maintenance of that o resides on a full-time basis with the payer of support or if
	ula, monthly support charges shall abate and be temporarily irt office provides notice of the abatement to the parties and 60 days after the incapacitation ends. The office shall
	t by filing a written objection with the court within 21 days f a timely objection is received, the friend of the court shall eview with an effective date no earlier than the date of filing
Based on a motion by either party or a recommendation for abated may be later corrected based on the parties' incompared to the parties of th	
9. Fees. The payer of support shall pay statutory and service fe	ees as required by law.
10. Review. Each party to a support order may submit a written friend of the court is not required to act on more than one re also file a motion to modify this support order.	
☐ 11. Michigan Child Support Formula Deviation. The supp	oort 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.

☐ 12. **Other:** (Attach separate sheets as needed.)

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	support orders and all continuing provisions are restated support order in this case are preserved and paid at the rate in Child Support Formula.
	Judge signature and date
Plaintiff (if consent/stipulation) Date	Defendant (if consent/stipulation) Date
Plaintiff's attorney Date	Defendant's attorney Date
Prepared by: Name (type or print)	
CERTIFICAT	E OF MAILING
known addresses as defined by MCR 3.203. \square I also serve	rties or their attorneys by first-class mail addressed to their last- d the Deviation Addendum (FOC 10d) with this order. I declare has been examined by me and that its contents are true to the
Date	Signature