

46th JUDICIAL CIRCUIT
OTSEGO COUNTY

JUDGMENT OF DIVORCE INSTRUCTIONS

You must utilize the attached form Judgment of Divorce and Uniform Child Support Order (along with the Deviation Addendum if applicable) when presenting the Judgment for approval by the friend of the court and for signature by the Court. Other In Pro Per form Judgments will not be approved as they often do not contain all of the required statutory language.

Proper completion of the Judgment will allow for less chance of delay in the entry of your Judgment. Included in this packet are general instructions on how to submit the proposed Judgment for approval, entry and filing, instructions on how to complete the Judgment form and Uniform Support Order(s), Proof of Service form and this Circuit Court's Standard and Long Distance Parenting Time Guidelines for your information. A Domestic Relations Judgment Information form with proof of service is also included that must be completed and provided to the Friend of the Court and served on the other party.

Once the Judgment and attached Uniform Support Order(s) has been **completely and properly** filled in, it will need to be approved by the friend of the court **before your final divorce hearing date**. It may be mailed or brought to the friend of the court office to be reviewed. This needs to occur no less than **30 days** prior to your hearing date. If the Judgment cannot be approved due to the Judgment and/or attachment(s) not being properly filled out, you will be notified to make the necessary changes. The Judgment will again need to be submitted to the friend of the court for approval. You will need to bring your approved Judgment with you to your final divorce hearing. The Judge will not sign the Judgment and Uniform Support Order(s) until it has been approved by the friend of the court and you have filed a Proof of Service with the county clerk indicating that you have served a copy of the Judgment Information Form on the friend of the court.

It is your responsibility to schedule your final hearing through the Assignment Clerk of the county in which your case is filed. In Otsego County contact:

Jennifer O'Rourke (cases assigned to Judge George Mertz) at (989)731-0224
Christina Ventline (cases assigned to Judge Colin Hunter) at (989) 344-3271

After the hearing, you will need to take the signed Judgment of Divorce and Uniform Support Order(s) to the county clerk for filing. The clerk will not accept the Judgment and Uniform Support Order for filing unless you provide a copy to them marked "friend of the court copy". Your divorce is **not** complete unless you file the Judgment and Uniform Support Order(s) with the county clerk. You are responsible for supplying the Defendant with a copy of the Judgment and Uniform Support Order(s) **within seven days** from the date they were signed by the Judge. A Proof of Service form is included with this packet. You will need to complete and file the Proof of Service with the county clerk along with a copy marked "friend of the court copy".

CHILD SUPPORT INFORMATION

Pursuant to the 2017 Michigan Child Support Formula, child support must be calculated to take into account the number of overnights (parental time offsets) exercised by both parents. The support recommendation that you received is based upon the number of overnights included in any existing temporary parenting time order, the court's standard parenting time schedule

applicable to the age of the child(ren) and circumstances of the parties, or an equal split of overnights if joint physical custody was requested in the Complaint for Divorce or in the Answer and Counter Complaint as directed by the Court. If, in your proposed Judgment of Divorce you and the Defendant have agreed to a parenting time schedule that changes the number of overnights used in the support recommendation, you must advise the friend of the court at least two weeks prior to your final hearing of your agreed upon schedule and the number of annual parenting time overnights for both you and the Defendant. A new support recommendation will then be prepared based upon the correct number of overnights to allow an accurate support figure to be recorded in the proposed Judgment of Divorce.

As a reminder, you are under Court order to complete the S.M.I.L.E. program **prior** to your final judgment hearing. Failure to comply with this order may result in a delay of the entry of your Judgment of Divorce.

Note: The friend of the court cannot give you legal advice. You may wish to consult with an attorney. You can also access MichiganLegalHelp.org for legal assistance.

COMPLETING THE REQUIRED JUDGMENT INFORMATION FORM

The Domestic Relations Judgment Information Form (included in this packet) must be completed, signed and served on the friend of the court, any attorneys of record and the other party(ies) at the time your proposed Judgment of Divorce is submitted to the friend of the court for approval. You must file the Proof of Service (included in this packet) with the county clerk certifying that you have served this document to all required individual noted above before your final divorce hearing. Do not file the Domestic Relations Judgment Form with the county clerk.

Michigan Court Rule 3.211 (F)(2)(a) requires that the Domestic Relations Judgment Information Form be served on all other parties unless otherwise ordered by the Court.

If the Judge modifies the proposed Judgment before signing it you must, within seven (7) days, submit a new Domestic Relations Judgment Information Form to the friend of the court and all other parties if any of the information previously submitted changes as a result of the modification.

INSTRUCTIONS FOR COMPLETING IN PRO PER JUDGMENT OF DIVORCE

Where stated in directions "FOC Rec." refers to friend of the court recommendation. Where stated "PL" refers to Plaintiff and "DF" refers to Defendant. Areas in the Judgment of Divorce that are not numbered for you to complete are to be completed by the Court.

- (01) Fill in the County in which your case is filed (Otsego)
- (02) The complete name of the party who filed the Complaint for Divorce (PL) and the complete name of the other party (DF)
- (03) The file number of your case. (See Complaint for Divorce or FOC Rec.)
- (04) The name of the Judge presiding over your case. (See Complaint for Divorce)
- (05) Check Consent or Default: Consent means the content of the Judgment of Divorce is based upon agreement of the parties. The Defendant must sign the Judgment. Default means the Defendant did not file an Answer to the Complaint for Divorce.
- (06) Complete the child(ren)'s name, date of birth and assignment of legal and physical custody. Custody is pursuant to mutual agreement, default, and or previous order of the court. (See abbreviations under custody)

- (07) Fill in the party who will be entitled to parenting time (PL or DF)
- (08) If parenting time differs from the 46th Circuit standard parenting time guideline, state the parenting time provisions as agreed by both parties. If standard or long distance parenting time pursuant to this Court's guidelines is to be the order of the Court, reference the appropriate guideline by attachment.
- (08A) Count the annual number of overnights the children will spend with PL and DF in a calendar year and fill in the numbers appropriately. If no parenting time is proposed, you must use "0". Note that the Plaintiff and Defendant's overnights with each child must total 365.
- (09) Check the appropriate box. If you checked box #1 you must complete the attached Uniform Child Support Order (see instructions below). Check the deviation box a. if you have deviated from the Michigan Child Support Formula. You must complete the attached Uniform Support Order Deviation Addendum. Check box #3 if you have agreed upon a parenting time schedule that changes the annual number of overnights from the number used in the enclosed support recommendation.
- (10) Complete this section if you have filed a motion to opt out of friend of the court services. See information below regarding opt out procedure.
- (11) Insert residential address of PL and DF from the Verified Statement.
- (12) Check the appropriate box. If box #2 is checked you must complete and attach the Uniform Spousal Support Order (FOC10b). The form can be obtained from the friend of the court.
- (13) Complete maiden name (If applicable)
- (14) (15) (16) Attachments if applicable
- (17) PL signature and date.
- (18) DF signature and date

OPT OUT PROCEDURE

Pursuant to Michigan law, support must be paid through the state disbursement unit in Lansing. If parents wish to pay support directly without going through the state disbursement unit or you both wish to exempt your case from friend of the court services, you must file a motion to be heard by the Court. An opt out packet of forms and instructions is available upon request from the friend of the court office.

INSTRUCTIONS FOR COMPLETING THE UNIFORM CHILD SUPPORT ORDER

If you are not opting out of the friend of the court, use the Uniform Child Support Order (FOC10) included in this packet.

1. Fill in the Case No. in the upper right hand corner of the form.
2. Fill in the complete name of the party who filed the Complaint for Divorce (Plaintiff) and the complete name of the other party (Defendant), addresses and telephone numbers.
3. Fill in the name, address bar no. and telephone number of the Plaintiff and Defendant's attorneys, if applicable.
4. Fill in the Plaintiff's source of income (employer) including the address and telephone number. Do the same for the Defendant.
5. **Under Item #1 enter the following information:**
 - a. Indicate the name of the payer, payee, list the children's names and dates of birth and the number of parenting time overnights with the payer of support for each child. Depending upon the parenting time that will be ordered, the number of overnights may vary for each child. If you are adopting the standard parenting time schedule, the number of overnights is set forth in this court's parenting time guideline included in this packet. If a party has no overnights, you must use "0".
 - b. Enter the effective date of the support order.
 - c. List the amount of base support, any health care premium adjustment, ordinary medical, child care, other support or social security benefit credit (if applicable). Refer to the FOC recommendation. If you are deviating from the friend of the court recommendation, list the amounts of base support, child care, ordinary medical and other support for each child that you have agreed upon.
6. Check the box under the support grid if a previous court order for support was entered and this order is based upon reduced income of the payer.
7. Page 2 – Fill in the case number at the top of the page.
8. **Uninsured Health-Care Expenses** - Fill in the uninsured health care expense percentages from the FOC recommendation. If you are deviating from the child support formula, fill in the percentages that you have agreed upon. The annual ordinary medical amount is \$403 per child as indicated in the friend of the court recommendation.
9. **Obligation Ends-** Child support will end for each child on the last day of the month the child turns 18.
Post-majority Support - If it is anticipated that one or more children will continue to attend high school beyond age eighteen and you wish to have support continue while the child is attending school on a full time basis (up to age 19 ½ as long as the child is in school full time and living with the recipient of support), you can check the box and indicate the child's name, and the date the obligation will end (month, the last date of that month and year of the child's graduation).
10. **Under item #2** - Unless you agree otherwise, this court requires the friend of the court to recommend which parent should maintain health insurance, not to exceed 6% of gross income. Either record your agreement or use the FOC recommendation that reflects which parent is determined to carry the dependent insurance.
11. **Under item #12** – Check the box if you are deviating from the friend of the court recommendation which is based upon the Michigan Child Support Formula. If this box is checked you **must** complete the Uniform Support Order Deviation Addendum (Form FOC 10d included in this packet) and attach it to the Uniform Support Order (See instructions below).

Note: You cannot deviate from the Michigan Child Support Formula if you are receiving public assistance (FIP, food stamps, Medicaid, child day care assistance).

12. **Under item #13** include any other agreements related to child support, including health care.

NOTE: This Uniform Support Order will supersede all prior child support orders. All continuing provisions must be stated in this order or they will no longer exist. Prior Uniform Support Orders cannot be incorporated by reference in your Judgment of Divorce.

**INSTRUCTIONS FOR COMPLETING THE UNIFORM CHILD SUPPORT ORDER
DEVIATION ADDENDUM (FOC 10d)**

1. Fill in the complete name of the Plaintiff and Defendant.
2. **Under item #1** indicate the number(s) of the paragraph(s) in which you have deviated from the Michigan Child Support Formula.
3. **Under item #2a** fill in the support, health care and insurance information included in the friend of the court recommendation (what you may be deviating from).
4. **Under item #2b** indicate the specific reasons you are requesting the court to allow a deviation from the Michigan Child Support Formula.
5. **Under item #2c** specify which of the provisions of the child support formula create an unjust or inappropriate result and explain how this deviates from the provisions.
6. **Under item #2d** indicate the value of property or other support award instead of payment of child support. If this is not applicable, write “none.”

**STATE OF MICHIGAN
IN THE 46TH CIRCUIT COURT - FAMILY DIVISION
FOR THE COUNTY OF OTSEGO (01)**

(02) _____
Plaintiff,

vs. (03) File No. _____

(02) _____ (04) Honorable _____
Defendant,

JUDGMENT OF DIVORCE

(05) CONSENT DEFAULT

Date of Hearing _____

It appears to this Court that the material facts alleged in the Complaint are true, and that there has been a breakdown in the marriage relationship to the extent that the objects of matrimony have been destroyed and there remains no reasonable likelihood that the marriage relationship can be preserved,

IT IS ORDERED that the marriage between the Plaintiff and Defendant is dissolved and a divorce is granted.

CUSTODY

IT IS FURTHER ORDERED that the custody of the minor child(ren) will be as follows:

Custody: PL=Plaintiff DF=Defendant JT=Joint 3rd=Third party/Guardian

(06) child's name date of birth legal custody physical custody

until each child is age eighteen or until further order of the court.

If the parties are awarded joint legal custody they shall share the decision-making authority as to important decisions affecting the welfare of the child(ren).

PARENTING TIME

IT IS FURTHER ORDERED that (07) _____ shall have the right to reasonable parenting time with the minor child(ren) of the parties pursuant to the attached standard parenting time schedule, unless otherwise hereinafter provided.

(08) _____

(08A) The above parenting time arrangements result in a number of overnights in a calendar year for each child as follows:

<u>Child's name</u>	<u># Plaintiff overnights</u>	<u># Defendant overnights</u>

HAGUE CONVENTION/INTERNATIONAL CHILD ABDUCTION

Pursuant to MCL 722.27a (9) parenting time is prohibited from being exercised in a foreign country/nation that is not a party to the Hague convention on the civil aspects of international child abduction unless both parents provide the court with written consent to allow parenting time to take place in a foreign country/nation that is not a party to this convention.

INHERENT RIGHTS OF THE CHILD(REN)

The parents shall cooperate with respect to a child so as, in a maximum degree, to advance a child's health, emotional, and physical well-being and to give and afford a child the affection of both parents and a sense of security. Neither parent will, directly or indirectly, influence a child so as to prejudice a child against the other parent. The parents will endeavor to guide a child so as to promote the affectionate relationship between a child and the mother and a child and the father. The parties will cooperate with each other in carrying out the provisions of this order for a child's best interests. Whenever it seems necessary to adjust, vary or increase the time allotted to either party, or otherwise take action regarding a child, each of the parties shall act in the best interests of the child. Neither party shall do anything which may estrange the other from the child, injure the child's opinion of the other party, or which will hamper the free and natural development of the child from the other party.

SUPPORT AND HEALTH CARE OF THE MINOR CHILD(REN)

IT IS FURTHER ORDERED: (09)

- 1. Support and health care expenses shall be paid as outlined in the attached Uniform Child Support Order (FOC10).
 - a. Support deviates from the Michigan Child Support Formula as outlined in the attached Uniform Support Order Deviation Addendum (FOC 10d)
- 2. No Uniform Child Support Order is required because support is reserved.
- 3. Child support is referred to the friend of the court to recommend an appropriate amount of support based upon the parenting time schedule included in this order.

A Notice for an Order of Dependent Health Care Coverage takes effect immediately and will be sent to the parent's current and subsequent employers and insurers if appropriate. The notice shall inform the parent that he or she may contest the action by requesting a review or hearing concerning the availability of health care coverage at a reasonable cost.

CHILD CARE EXPENSES

IT IS FURTHER ORDERED that child care expenses shall be paid as outlined in the attached Uniform Child Support Order and shall continue through August 31st following the child's 12th birthday. The parties must notify each other of changes in child care expenses and must additionally notify the friend of the court if the change ends those expenses. A failure to report will be reviewed as an affirmative assertion there has been no change.

PRESERVATION OF ARREARAGE

Any arrearage due the State of Michigan, whether accrued under a temporary child support order or Judgment pursuant to MCL 552.451 and/or due the support recipient are preserved, unless this Judgment provides otherwise.

OPTING OUT OF FRIEND OF THE COURT SERVICE

In cases where the parties agree to opt out of the services of the friend of the court, the Court finds this case has met the requirements for authorization under MCL 552.505a for the parties to opt out of friend of the court services. The attached motion was filed by the (10) _____ on _____ to be heard on _____ in conjunction with the Judgment of Divorce. The Plaintiff and Defendant have read and signed the attached Advice of Rights Regarding Friend of the Court Services.

IT IS FURTHER ORDERED the attached signed Order Exempting Case from Friend of the Court Services shall enter as a part of this judgment, effective upon entry of this Judgment of Divorce.

IT IS FURTHER ORDERED:

- 1. Support and health care expenses shall be paid as outlined in the attached Uniform Child Support Order (FOC 10a/ no FOC services).
 - a. Support deviates from the Michigan Child Support Formula as outlined in the attached Uniform Support Order Deviation Addendum (FOC 10d).
- 2. No Uniform Child Support Order is required because support is reserved.

CREDITS AND ADJUSTMENTS

For the purposes of calculating credits and adjustments in multi-children families the total amount of support ordered shall be apportioned equally among the un-emancipated children.

DOMICILE OF CHILDREN

IT IS FURTHER ORDERED that the legal custodial of the minor child(ren)is hereby ordered to notify the friend of the court of any change of address of said minor child(ren) immediately, and that the domicile or residence of said minor child(ren) shall not be removed from the State of Michigan without prior approval of this Court.

LEGAL RESIDENCE OF THE CHILDREN

A child whose parental custody is governed by the Judgment of Divorce has a legal residence with each parent unless this judgment grants sole legal custody to one of the child's parents. A parent of a child whose custody is governed by this Judgment of Divorce shall not change a legal residence of the child to a location that is more than 100 miles from the child's legal residence with the other party at the time of the commencement of the action unless that change is permitted by this Court or unless allowable under Michigan Compiled Law 722.31.

The legal residence of the child(ren) with the Plaintiff as it appears on the verified statement(11):

The legal residence of the child(ren) with the Defendant as it appears on the verified statement (11):

DUTIES OF THE PARTIES

IT IS FURTHER ORDERED the Plaintiff and Defendant shall notify the friend of the court, in writing, of any changes of residential and/or mailing address and telephone numbers while the order of support is operative, within 21 days of such a change of address. Each party shall keep the friend of the court informed of the following:

(A) The name and address and telephone number of the payer's and payee's current sources of income. "Source of Income" means an employer or successor employer or any other individual or entity that owes or will owe income to the payer.

(B) Any health care that is available to either party as a benefit of employment or that is maintained by him or her, the name of the insurance company, nonprofit health care corporation or health maintenance organization; the policy, certificate or contract number; and the names and birth dates of the persons for whose benefit he or she maintains health care coverage under the policy, certificate or contract.

(C) Each party shall notify the friend of the court of any changes in his or her current source of income or health care benefits as specified by sub-paragraphs A and B.

(D) Each party shall notify the friend of the court if they hold occupational licenses, driver's license and social security number. Each party shall supply a copy of said licenses they hold or obtain while the order of support is operative and provide their social security number to the friend of the court. The requirement to provide a social security number is subject to exceptions outlined in MCL 552.603 Sec. 3 (7)(d).

SPOUSAL SUPPORT

IT IS FURTHER ORDERED: (12)

- 1. Neither Plaintiff nor Defendant is entitled to spousal support and no spousal support is awarded and shall be forever bared, with no requirement of a Uniform Spousal Support Order.
- 2. Spousal support is ordered as outlined in the attached Uniform Spousal Support Order Order (FOC10b/With Friend of the Court Services or FOC 10c/ No Friend of the Court Services.

RESTORATION OF MAIDEN NAME

IT IS FURTHER ORDERED that (13) _____ shall have restored her maiden name or the name she legally bore prior to her marriage and that she shall henceforth be known by the name of (13)_____.

STATUTORY INSURANCE PROVISION

IT IS FURTHER ORDERED that any right of either party in any policy or contract of life, endowment or annuity insurance of the other, as a beneficiary are extinguished unless specifically preserved by this judgment. (14) Attachment, if applicable.

PROPERTY SETTLEMENT

IT IS FURTHER ORDERED that the Plaintiff and Defendant are each awarded those items of personal property now in his/her possession free and clear of any claim by the other and subject to any indebtedness thereon, if any. Each party shall hold the opposite party harmless from such indebtedness. (15) Specific property settlement attached, if applicable.

DOWER RELEASE

IT IS FURTHER ORDERED that the provisions made for the wife and husband in the property settlement are in lieu of any dower in the land of the other and each shall hereafter hold their remaining land free, clear and discharged from any such dower right of claim of the other.

This provision shall also be in full satisfaction of all claims that either may have in any property owned or hereafter owned, or in which either has, or hereafter may have, any interest.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
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Court address Court telephone no.

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. 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:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support was reduced because payer's income was reduced.					

(Continued on page 2.)

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.

- 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.)

Child Care. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

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 Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.
8. **Redirection and Abatement.** Subject to 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
46th **JUDICIAL CIRCUIT**
Otsego **COUNTY**

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

CASE NO.

Court address
800 Livingston Blvd Ste 1A Gaylord, MI 49735

Court telephone no.
989-731-7450

Plaintiff's name

v

Defendant's name

THE COURT FINDS:

1. 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.
2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
 - a. 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:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$

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
46th **JUDICIAL CIRCUIT**
Otsego **COUNTY**

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

CASE NO.

Court address
800 Livingston Blvd Ste 1A Gaylord, MI 49735

Court telephone no.
989-731-7450

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.

46th Circuit Court
ADDENDUM TO UNIFORM CHILD SUPPORT ORDER

ARREARAGES

Unless specifically ordered by the court, the arrearage guideline included in the 2017 Michigan Child Support Formula shall be applied by the friend of the court to past due support.

If arrearages exist, the payer of support shall pay 2% of the total support arrearage, but not less than \$50, nor more than half the current support amount. If no current support charge exists, the monthly repayment amount shall be the last ordered charge amount.

When a current support obligation terminates or is reduced for reasons other than a reduction in the payer's income and arrearages exist, there shall be no automatic reduction in the total-payment-amount unless specifically ordered by the court.

TERMINATION OF CHILD CARE

Child care for a child continues through August 31st following that child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the change ends those expenses. A failure to report will be viewed as an affirmative assertion there has been no change.

RECEIPT OF PUBLIC ASSISTANCE

Absent a claim of good cause for non-cooperation being granted or pending as determined by the Department of Human Services, if a recipient of support receives FIP (cash grant), Medicaid, food stamps or child day care benefits on behalf of a child or a child is placed in foster care, current support shall not be terminated unless specifically ordered by the Court.

ABATEMENT OF SUPPORT DUE TO INCAPACITATION

If the friend of the court becomes aware of a payer's condition that meets the incapacitating events in SCAO's 2019 Memorandum on Adjusting Current Support Due to Incapacitation, or as stated in a subsequent memo, or the child support formula, support shall be temporarily reduced to zero effective as of the date the friend of the court provides notice of the abatement to the parties and to the court. Either party may object by filing a written objection with the court within 30 days of the notice date. If a timely objection is received, the friend of the court shall either set the objection for hearing or conduct a support review with an effective date no earlier than the date of notice.

46th Circuit Court
CHILDREN'S HEALTH CARE EXPENSES

Beginning October 1, 2004, each support order entered was required to include an additional amount for ordinary health care expenses. The base Child Support obligation covers remedial care items, such as band aids and non-prescription medications, so those types of expenses are not included in this category. A person who pays support will pay an additional amount each month to cover their portion of the children's ordinary health care expenses, which is the Medical Support obligation. This process will help custodial parents pay out-of-pocket health care expenses as they incur them. It will also eliminate the need to seek separate reimbursement for every routine health care bill.

ORDINARY HEALTH CARE EXPENSES

Ordinary health care expenses include insurance co-payments, deductibles, and other uninsured health care costs. For support orders entered after January 1, 2017, the 2017 Michigan Child Support Formula considers an average of \$403 per child to be spent on ordinary health care costs per year.

For support orders entered between January 1, 2013 and December 31, 2016, the Formula considers \$357 to be spent annually per child on ordinary health care costs.

For support orders entered between October 1, 2008 and December 31, 2012, the Formula considers \$345 to be spent annually per child on ordinary health care costs.

For support orders entered between October 1, 2004 and October 1, 2008, the Formula considers \$289 to be spent annually per child on ordinary health care costs.

The court may order a higher amount for known or anticipated higher expenses (such as if a child will need braces).

ADDITIONAL ORDINARY (EXTRA ORDINARY) HEALTH CARE EXPENSES

Additional ordinary are expenses that exceed the ordinary health care expenses and should be apportioned between the parents according to the medical expense percentages established in the support order. The percentage reimbursement may be handled between the parents or by following this Court's Health Care Reimbursement Policy.

To seek reimbursement for additional ordinary health care expenses, the parent who receives support must show that the ordered total annual ordinary medical threshold expense amount for ALL children has been exceeded within the calendar year. The parent should keep a record of qualifying ordinary health care expenses on the attached tally sheet, so in the event the expenses exceed the threshold amount before year's end, reimbursement of the other parent's percentage may be requested.

The Policy, tally sheet, Reimbursement Request form, and Complaint form are available at the friend of the court office. Note; there is a 28-day timeline requirement for sending the Request to the other parent. If the payer of support incurs an extra ordinary health care expense, percentage reimbursement may also be sought using the same Policy process.

Documentation (copies of insurance Explanation of Benefits, doctor statements, prescription receipts, etc. showing non-insured qualified medical expenses) must accompany the tally sheet when enforcement of the unpaid Request for Health Care Expense Payment is submitted to Friend of the Court as a Complaint by the parent.

It is presumed that the amount in the order for ordinary health care expenses will be spent on uninsured health care expenses. The custodial parent does not have to prove that the health care expenses exceeded that amount unless that parent requests enforcement for additional ordinary health care expenses.

Beginning January 1, 2017, the court may permit handling all medical expenses as additional medical expenses. Complaints for enforcement of any unreimbursed additional medical expenses must meet the minimum threshold before friend of the court is required to act on the Complaint. The minimum “enforcement” amount for additional medical expenses is \$100.00 per child per calendar year, or a lower amount as set by the court. If unreimbursed additional expenses do not exceed the “enforcement” threshold by year’s end, they may be submitted to the friend of the court for enforcement before the deadline.

Please contact the friend of the court for a copy of the 46th Circuit Court Health Care Reimbursement Policy or if you have any questions.

**STATE OF MICHIGAN
IN THE 46TH CIRCUIT COURT – FAMILY DIVISION
FOR THE COUNTY OF OTSEGO**

_____,
Plaintiff

vs.

File No. _____

_____,
Defendant

**PROOF OF SERVICE
JUDGMENT OF DIVORCE**

I, _____, certify that on the date below I served a copy of the Judgment of Divorce on all parties and any attorneys of record by:

- Ordinary first class mail at _____

- Personal service

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

Date: _____

Plaintiff

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

The 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 JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 2 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
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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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROOF OF MAILING	CASE NO.
--	-------------------------	-----------------

Court address _____ Court telephone no. _____

Plaintiff(s)	v	Defendant(s)
--------------	---	--------------

<input type="checkbox"/> Juvenile	In the matter of _____
<input type="checkbox"/> Probate	In the matter of _____

On the date below I sent by first-class mail a copy of _____

to: List names and addresses.

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

Date

Signature

Name (type or print)