

46<sup>th</sup> JUDICIAL CIRCUIT  
OTSEGO COUNTY

You must utilize the attached form Judgment of Divorce and Uniform Child Support Order when presenting the Judgment for approval by the friend of the court and for signature by the Court. Other form Judgments will not be approved as they do not contain all of the required statutory language.

**OPT OUT**  
**JUDGMENT OF DIVORCE INSTRUCTIONS**

**The Friend of the Court is required to approve your Judgment of Divorce even though you have opted out or have a motion pending to opt out of friend of the court services.** Proper completion of the Judgment will allow for less chance of delay in the entry of your Judgment.

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 file 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**

If you already have an order exempting your case from friend of the court services, after the final hearing you will need to take the Judgment of Divorce and Uniform Support Order(s) to the county clerk for filing. If your order exempting the case from friend of the court services provides for income withholding or, if your motion to exempt your case from friend of the court services was heard at the same time as your final judgment hearing, you will need to provide a copy of both the exemption order and the Judgment of Divorce to the county clerk marked "friend of the court copy". Your divorce is **not** complete until you properly file the Judgment and Uniform Support Order(s) with the 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. 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. Note that if you are deviating from the child support formula recommended amount of support you will need to explain, in detail, your reasons for the deviation.

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 or you can access [MichiganLegalHelp.org](http://MichiganLegalHelp.org) for legal assistance.

### **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 46<sup>th</sup> Circuit parenting time policies, state the parenting time as agreed by both parties.
- (08A) Count the annual number of overnights each child 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

- (FOC form 10d).
- (10) Complete this section if you have filed a motion to opt out of friend of the court services and it is scheduled to be heard on the same date as your final judgment hearing.
  - (11) Insert residential address of PL and DF from Verified Statement
  - (12) Check the appropriate box. If box #2 is checked you must complete and attach the Uniform Spousal Support Order (Form FOC10c).
  - (13) Complete maiden name (If applicable)
  - (14) (15) (16) Attachments if applicable
  - (17) PL signature and date.
  - (18) DF signature and date

**INSTRUCTIONS FOR COMPLETING THE UNIFORM CHILD SUPPORT ORDER**  
**Form FOC10a – No Friend of the Court Services**

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 unless a specific graduation date (month, date, year) is listed under **Post-majority Support**. If a child 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 nineteen and a half (19 ½), check the box and insert the expected graduation date for each child you list.

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 #8** – 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 opt out of friend of the court services nor deviate from the Michigan Child Support Formula if you are receiving public assistance (FIP, food stamps, Medicaid, child day care assistance).**

12. **Under item #9** 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 (Form 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 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 46<sup>TH</sup> 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 3<sup>rd</sup>=Third party/Guardian

(06)	<u>Child's name</u>	<u>Date of Birth</u>	<u>Legal Custody</u>	<u>Physical Custody</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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 (Form FOC10a).
  - a. Support deviates from the Michigan Child Support Formula as outlined in the attached Uniform Support Order Deviation Addendum (Form FOC 10d).
- 2. No Uniform Child Support Order is required because support is reserved.

The child support and health care obligations shall end on the last day of the month each child turns age 18 unless otherwise stated in the Uniform Support Order attached to this Judgment.

### **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 31<sup>st</sup> following the child's 12<sup>th</sup> birthday. The parties must notify each other of changes in child care expenses. A failure to report will be reviewed as an affirmative assertion there has been no change.

### **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 (Form FOC 10a/ No Friend of the Court Services).
  - a. Support deviates from the Michigan Child Support Formula as outlined in the attached Uniform Support Order Deviation Addendum (Form FOC 10d).
- 2. No Uniform Child Support Order is required because support is reserved.

**DOMICILE OF CHILDREN**

**IT IS FURTHER ORDERED** 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):

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

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## **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 (FOC10c/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.



<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF THE COURT SERVICES</b> <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	<b>CASE NO.</b>
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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.     on stipulation/consent of the parties.

An order exempting this case from friend of the court services was entered on \_\_\_\_\_ .

(NOTE: If there is no order exempting this case from friend of the court services, form FOC 10/52 must be used.)

**IT IS ORDERED**, unless otherwise ordered in item 8 or 9:     Standard provisions have been modified (see item 8 or 9).

**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:	\$	\$	\$	\$	\$
<b>Total:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<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.)

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**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. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 9.
4. **Retroactive Modification 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. 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.
5. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: 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.
6. **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.
7. **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.
8. **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.

9. **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

Defendant's name

v

**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.  
(specify paragraph number)
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:	\$	\$	\$	\$	\$
<b>Total:</b>	\$	\$	\$	\$	\$

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.

**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 \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_, I served a copy of the Judgment of Divorce, Uniform Support Order(s) and Order  
Exempting the Case from Friend of the Court Services on all parties and their attorneys 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

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

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

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY PROBATE</b>	<b>PROOF OF MAILING</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff(s)	<b>v</b>	Defendant(s)
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<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)