

Support Stipulation Packet

This stipulation packet is used when an agreement has been reached concerning the issue of child support. Please note if the child(ren) are on any type of public assistance; cash, food stamps, Medicaid, or child daycare, the issue of child support must be based upon the Michigan Child Support Formula unless the Court determines that it is appropriate to deviate from the Formula.

The following is a list of the documents included in this Stipulation Packet:

***Instructions:**

-Child support, medical support, and/or dependent health care insurance

*** General instructions for completing the proposed order forms**

***FOC 10 (12/18) Uniform Child Support Order**

***FOC 10d (11/16) Uniform Child Support Order Deviation Addendum**

If your agreement includes opting out of the Friend of the Court Services, please contact the Friend of the Court office for further direction. There are specific forms to address opting out of the Friend of the Court Services.

Friend of the Court cannot advise or direct you legally; therefore, staff cannot assist you in the completion of the forms beyond general information. FOC staff can provide you with explanation of the areas on the forms that may be confusing, and or provide reading and/or writing assistance if you experience literary difficulties.

INSTRUCTIONS
CHILD SUPPORT, MEDICAL SUPPORT, AND/OR
DEPENDENT HEALTH CARE INSURANCE

If your agreement only pertains to child support, medical support, and or dependent health care insurance, you will only need to use the FOC 10 Uniform Child Support Order.

If your agreement pertains to different amounts than what has been determined by the Michigan Child Support Formula, you must also complete the FOC 10d Uniform Child Support Order Deviation Addendum. If the reasons for deviation as presented in the FOC10d are not specific enough or do not appear to meet the deviation requirements; the Judge will either deny signing the proposed order or may require a hearing be scheduled. You will be contacted and advised accordingly. Friend of the Court will complete and mail the Notice of Hearing to the Plaintiff and Defendant wish to move forward with their proposed Stipulated Order.

Once the appropriate forms are completed and both the Plaintiff and Defendant have signed and dated the forms, they may be submitted to the Friend of the Court. The proposed order will be reviewed and forwarded to the Judge. If a hearing is not required and the proposed order is signed by the Judge; you will be contacted by phone to pick up your order for proper Service of copies to all interested parties and filing of the original with the County Clerk's office. Include a self-addressed stamped envelope if you wish the return of the documents to be completed by mail.

There is no filing fee required to file a Stipulated Order. You are required to complete the Certificate of Mailing on the bottom of all the documents certifying the date you are providing a copy to the other party, attorneys, and the Friend of the Court. The Original of the each document and the FOC copies are to be filed with the Court at the County Clerk's office. The proposed Stipulated Order is not in effect and enforceable until it has been filed with the County Clerk's office.

Make three (3) copies of each completed document

Mark one copy of each document, "FOC" and file with the original at the county Clerk's office.

Mark one copy of each document, "Defendant" and serve upon the Defendant pursuant to Michigan Court Rule 2.105

Mark one copy, "Plaintiff" (optional, as it is for you to keep).

Additional copies are to be made and served if attorneys are involved.

General instruction for completing the FOC 10 form

NOTE: This Uniform Support Order will replace all prior support and health care orders. If you are making changes to only certain portions of your support order while keeping other areas in place; make sure you rewrite all of the older provisions you wish to keep in place. This will allow for one order to reflect everything you wish to be in the current order.

Place an X in the appropriate box at the middle top of the form identifying the type of order you are wishing to enter. Some information has been pre-populated in advance.

Fill in case number, Plaintiff and Defendant name, address, and phone number information. The Plaintiff will always be the person who filed the initial case when it first opened. If there are attorneys involved in the case, complete the name, address, phone number, and bar number. Fill in the employment information for the Plaintiff and Defendant. You will need to fill in some repetitive information at the top of each page as well.

Item #1

Write the PAYER of support's name, PAYEE of support's name, and list the children's names, birthdates, and importantly, based upon the ordered parenting time schedule or the actual parenting time arrangement, enter the number of overnights each child has with the PAYER of support.

Enter the effective date of this support order.

List the amount of child support, health care premium adjustment, ordinary medical support, child care, other (such as medical reimbursement for extraordinary expenses such as orthodontic, etc.), and the amount of any SSD benefit credit for the children addressed in this order.

The Friend of the Court Recommendation would reflect these numbers. These amounts may also be found in your current Uniform Support Order.

If you are deviating from the Michigan Child Support Formula as to support and or insurance provisions; you will **enter your deviated amounts in the FOC 10** instead of the FOC recommended amounts or the current order amount.

The FOC Recommended amounts or current Order amounts would be entered into the FOC10d form. The FOC Recommendation or current Order will also provide the uninsured health care expense percentages for both the Plaintiff and the Defendant for the FOC10d

Carefully read the 'Obligation Ends' and 'Post-majority Support' provisions. Mark accordingly.

Item #2

This court requires friend of the court to recommend the option 'not to exceed 6% of the parent's gross income' for dependent health care insurance. You will need to identify which parent will be responsible for the children's health care insurance by marking Plaintiff or Defendant.

Items #3 - #11

These items reflect statutory language which must be in all support orders.

Item #12

This box would only be marked if your agreement does not follow the Michigan Child support Formula. You would be required to complete the FOC 10d to accompany the FOC 10 form.

Item #13

This box would be checked if additional space is needed to present your agreement.

Plaintiff and Defendant to sign and date form with the preparer of form listed by name.

Resource:

The MiChildSupport Calculator is available to the public on the MiChildSupport portal.

<https://micase.state.mi.us/calculatorapp/public/welcome/load.html> or <https://micase.state.mi.us>

Reminder:

You cannot deviate from the Michigan Child Support Formula if you are receiving public assistance of any type for the child(ren) unless the court grants a request to deviate from the Michigan Child Support Formula.

General instruction for completing the FOC 10d form

Fill in the Plaintiff and Defendant name.

Item #1

Identify the paragraph item number(s) from the FOC10 in which you are deviating. Example: support amounts = paragraph item #1.

Item #2(a)

Fill in the requested information based upon the Friend of the Court Recommendation or current order of the court.

Item #2(b)(c)(d)

Write your response to these deviation questions.

Plaintiff and Defendant to sign and date form with the preparer of form listed by name.

This form must be attached to the FOC10.

****REMINDER****

These are proposed orders and are not valid unless signed by a Judge and filed with the Court.

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

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:	\$	\$	\$	\$	\$
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.