

# CHANGING A SUPPORT ORDER

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Only a new court order can change the amount of support ordered by the Court. The court must order support in an amount determined by the Michigan Child Support Formula unless the Court explains how the support ordered differs from the guideline and why use of the guideline amount is inappropriate. The parents may agree to an amount of support different than the amount recommended by the guideline only if information about the parties' income is submitted for determining the guideline amount and the parties give adequate reasons why the guideline amount is not appropriate. If agreement is reached, and the Friend of the Court agrees that the proposed amount is in the best interests of the children, the Friend of the Court will prepare a consent order changing support. If the Friend of the Court will not prepare a consent order, you will need to file a petition or hire an attorney to try to get the support changed.

Forms are available from the Friend of the Court to assist you if you desire to change your support order without hiring an attorney. The Friend of the Court is required to provide these forms upon request. However, this is not to be interpreted as a recommendation by the Friend of the Court that you proceed without an attorney. If you decide to do so, you will be required to prepare the necessary documents, appear in Court and present your case just as if you were represented by an attorney. If you are unable to do this, you should hire an attorney.

If the parties do not agree to a new support amount, or if public assistance (FIA benefits) are being received for the children, no change will occur until the Friend of the Court reviews the information presented by each party. If enough information is supplied, the Friend of the Court will issue an initial recommendation on support. If neither party files objections with the Friend of the Court within 21 days of the date the initial recommendation is mailed, an order will be entered setting support as recommended by the Friend of the Court.

If a party objects to the initial recommendation, the Friend of the Court will set a date for the matter to come before Circuit Judge for a hearing. At the hearing, you will be given an opportunity to present evidence regarding the needs of your children, your income and the other party's income. You may represent yourself at this hearing or you may hire an attorney to represent you.

**The Friend of the Court cannot give you legal advice and does not conduct a support investigation for your hearing. The Friend of the Court does not represent either party at this hearing. No attorney is provided for either party.**

At the end of the hearing, the Judge will determine a child support amount based on the evidence presented.

# RESPONSE TO MOTION TO CHANGE SUPPORT ORDER

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The other party to your court case has requested a change in the child support order, as stated in the Motion to Change Support Order attached to this. You may wish to respond to the motion. If so, complete and return the Response to Motion to Change Support Order and the form entitled Child Support Recommendation Questionnaire attached to this notice. Your response will not be considered complete without the questionnaire.

THESE FORMS SHOULD BE COMPLETED AND RETURNED TO THE FRIEND OF THE COURT OFFICE WITHIN 21 DAYS OF THE DATE THEY ARE MAILED TO YOU. When you return the forms, or after 21 days, whichever occurs first, the review staff will review the Friend of the Court file and the materials filed by both parties. If there is enough information, an initial recommendation will be issued. If there is not enough information, more information will be requested.

If an initial recommendation is issued and no objections are filed within 21 days after it is mailed, a court order will be entered adopting the initial recommendation, and the modification will be complete. If you or the other party disagree with the initial recommendation, you may file Objections to the Initial Recommendation. If objections are filed, the matter will be set for hearing before the Circuit Judge.





**CHILD SUPPORT FINANCIAL QUESTIONNAIRE – PAGE 2**

**YOUR FINANCIAL INFORMATION**

**ATTACH A COPY OF YOUR MOST RECENT TAX RETURNS AND W-2 FORMS, A CURRENT PAY STUB, AND OTHER VERIFYING INFORMATION WITH THIS FORM**

What is your tax status? Single [ ] Married [ ] Head of Household [ ]

How many dependency exemptions do you claim?

GROSS INCOME (before taxes)		AMOUNT	WEEKLY	ANNUAL	OTHER
Salary/Wage (Include COLA/Shift Prem) Overtime Second Job Commissions Bonuses/Profit Sharing Interest/Dividends Unemployment Benefits Worker's Compensation Social Security Benefits Veteran's Benefits Armed Services/National Guard Alimony and other Spousal Support					
OTHER INCOME	TYPE	AMOUNT	WEEKLY	ANNUAL	OTHER

The office of the Friend of the Court will compute your federal, state and social security tax unless otherwise advised in writing. If you pay a local tax, insert amount after "Other mandatory withholding"

EXPENSES	AMOUNT	WEEKLY	ANNUAL	OTHER
Alimony and Spousal Support Union Dues * Other Mandatory Withholding Term Equivalent Insurance Premium - (if child is the beneficiary)				

\* If you have other mandatory withholding, explain below.

**ADDITIONAL COMMENTS**

I DECLARE UNDER PENALTIES OF PERJURY THAT THE STATEMENTS ABOVE AND ON THE PRECEDING PAGE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature:

Date:

<b>STATE OF MICHIGAN 26<sup>th</sup> JUDICIAL CIRCUIT ALPENA COUNTY</b>	<b>HEALTH CARE INFORMATION</b>	<b>CASE NO.  HON. MICHAEL G. MACK</b>
<b>HEALTH CARE INFORMATION</b>		
Medical insurance company name, address, telephone no.	Policy number	Beginning date, if known
Dental insurance company name, address, telephone no.	Policy number	Beginning date, if known
Optical insurance company name, address, telephone no.	Policy number	Beginning date, if known
What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
What dependent coverage is available by payment of an additional premium? (specify cost per pay period)		
<input type="checkbox"/> Medical _____ per _____		
<input type="checkbox"/> Dental _____ per _____		
<input type="checkbox"/> Optical _____ per _____		
Individuals currently covered by your insurance		
Name	Birth date	Relationship      Medical    Dental    Optical