

RESPONSE TO MOTION TO CHANGE SUPPORT ORDER

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 not enough information, more information will be requested, researched to find through reports available to FOC, imputed based on available evidence, or the matter may be set for a hearing.

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 Judge/Referee. 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 FOC cannot give you legal advice and does not conduct a support investigation for this hearing. **The FOC does not represent either party at this hearing. No attorney is provided for either party. YOU ARE RESPONSIBLE FOR PREPARING YOUR CASE FOR THE HEARING.**

STATE OF MICHIGAN 26 TH JUDICIAL CIRCUIT ALPENA COUNTY	RESPONSE TO MOTION TO CHANGE SUPPORT ORDER	CASE NO: Hon K. Edward Black
Alpena County Friend of the Court 719 W Chisholm St Alpena MI 49707		(989)354-9710

Please print or type information:

Plaintiff's Name:
Address:

Phone No:

I, _____
(Name of moving party)

State,

vs.

Defendant's Name:
Address:

Phone No:

1. In this matter, [] Plaintiff
[] Defendant

Is currently ordered to pay support in the amount of

\$ _____ each month.

I [] agree [] do not agree to the change being asked for in the Motion to Change Support. (Explain in full detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.)

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

Date:

Signature:

Responding Party's Signature

If a court hearing is necessary, both parties will be advised of the time and place of the court hearing.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this response on the parties and/or their attorneys by first-class mail addressed to their last known addresses as defined in MCR 3.203.

Date:

Signature:

CHILD SUPPORT FINANCIAL QUESTIONNAIRE

Case No.	Date:																																							
Your Name:	Phone No.																																							
Address:																																								
Other Party's Name:		Other Party's Phone No.																																						
Other Party's Address:																																								
Children in common with other parent		Birthdate	SSN	Current grade level	No. of overnights you have with child annually																																			
Names of other biological/adopted minor children you support		Birthdate	With whom does the child reside		Is there child support? If so what county?																																			
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		When is the child due?	Is the other party the biological parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Employment Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Your Occupation</td> <td colspan="3">Your employer</td> </tr> <tr> <td colspan="2">Employer's address</td> <td>City</td> <td>State</td> <td>Zip</td> <td>Date hired</td> </tr> <tr> <td colspan="2">Gross earnings per pay period (earnings before taxes)</td> <td colspan="2">\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually</td> <td>Hourly Pay rate</td> <td>Average hours worked per pay period</td> </tr> <tr> <td colspan="2">Second Job</td> <td colspan="4">Employer</td> </tr> <tr> <td colspan="2">Employer's address</td> <td>City</td> <td>State</td> <td>Zip</td> <td>Date hired</td> </tr> <tr> <td colspan="2">Gross earnings per pay period (earnings before taxes)</td> <td colspan="2">\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually</td> <td>Hourly Pay rate</td> <td>Average hours worked per pay period</td> </tr> </table>						Your Occupation		Your employer			Employer's address		City	State	Zip	Date hired	Gross earnings per pay period (earnings before taxes)		\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually		Hourly Pay rate	Average hours worked per pay period	Second Job		Employer				Employer's address		City	State	Zip	Date hired	Gross earnings per pay period (earnings before taxes)		\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually		Hourly Pay rate	Average hours worked per pay period
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If unemployed and not receiving unemployment benefits, or working part-time only, provide the following information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of last full-time employer</td> <td colspan="4">Address of last full-time employer</td> </tr> <tr> <td colspan="2">Position held at last place of full-time employment</td> <td colspan="4">Last date employed full-time</td> </tr> <tr> <td colspan="2">Length of time employed in last full-time position</td> <td colspan="4">Reason for leaving last full-time employment</td> </tr> <tr> <td colspan="2">Gross earnings per pay period (earnings before taxes)</td> <td colspan="4">\$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly</td> </tr> </table>						Name of last full-time employer		Address of last full-time employer				Position held at last place of full-time employment		Last date employed full-time				Length of time employed in last full-time position		Reason for leaving last full-time employment				Gross earnings per pay period (earnings before taxes)		\$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly														
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CHILD SUPPORT FINANCIAL QUESTIONNAIRE – PAGE 2

YOUR FINANCIAL INFORMATION

ATTACH A COPY OF YOUR MOST RECENT TAX RETURNS AND W-2 FORMS, YOUR LAST FOUR PAY STUBS, AND OTHER VERIFYING INFORMATION SUCH AS SOCIAL SECURITY STATEMENT, ROYALTIES, PENSIONS, ETC. WITH THIS FORM

What is your filing status on your taxes? Single Married Head of Household

How many dependency exemptions do you claim?

Gross Income (before taxes)	Amount	Rate of Pay (please check one)				
		Weekly	Bi-week	Semi-Mo	Monthly	Annual
Salary/Wage (Included COLA/Shift Prem)						
Overtime						
Second Job						
Commissions						
Bonuses/Profit Sharing						
Interest/Dividends						
Annuities/Trust Funds						
Pensions/Longevity						
Deferred Comp/IRA						
Unemployment Benefits						
Strike Pay						
Worker's Compensation						
Social Security Benefits						
Disability Insurance						
GI Benefits						
Veteran's Benefits						
Armed Services/National Guard						
Allowance for Rent						
Rental Income						
Alimony and other Spousal Support						
Supplemental Security Income SSI						
Other: _____						

Do any of the children under your care receive payments from the Social Security Administration?

Child's Name	Amount (monthly)	Type of Benefit (check one)	Source of dependent benefit (mother, father, stepparent)
		SSI	

Attach your four most recent paycheck stubs, a copy of your last federal and state income tax returns including all schedules and W-2s. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

Do you have any medical conditions/restrictions that affect your ability to work? yes no

If yes, please explain your medical condition/restriction: (please provide valid documentation for diagnosis)

What is your educational background? (check one)

Less than high school

High school graduate

Trade school graduate

Associate's degree

Bachelor's degree

Graduate degree

CHILD SUPPORT FINANCIAL QUESTIONNAIRE – PAGE 3

YOUR FINANCIAL INFORMATION (continued)

Expenses	Amount	Rate of Deduction (please check one)				
		Weekly	Bi-week	Semi-Mo	Monthly	Annual
Alimony and Spousal Support						
Union Dues						
Other Mandatory withholding*						
Term Equivalent Insurance Premium (if child is the beneficiary)						

* Please explain the withholding:

HEALTH CARE INFORMATION

Insurance company name, address, phone	Policy/Group Number	Beginning date, if known
Medical		
Dental		
Optical		

What dependent coverage is available to you without costs? Medical Dental Optical

What dependent coverage is available by payment of an additional premium? (specify cost per pay period)

[]Medical \$ _____ per _____ []Dental \$ _____ per _____ []Optical \$ _____ per _____

Individuals currently covered by your insurance

Name _____ Birth Date _____

Relationship

Medical Dental Optical

CHILD CARE INFORMATION

Are there work related child care costs for the children on this case?

[] Yes [] No If yes, how much per week? \$ _____ How many weeks per year?

BEFORE THE CHILD CARE EXPENSES CAN BE CONSIDERED, VERIFICATION IS NEEDED. A CHILD CARE VERIFICATION FORM IS ATTACHED WITH THIS MOTION. IT MUST BE FILLED OUT AND SIGNED BY PROVIDER.

ADDITIONAL COMMENTS

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

Signature:

Date:

STATE OF MICHIGAN
26TH JUDICIAL CIRCUIT
ALPENA COUNTY

CHILD-CAREVERIFICATION

CASE NO.

Friend of the court address

719 W CHISHOLM ST ALPENA MI 49707

Telephone no.

(989)354-9710

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.
It is your responsibility to return the completed form to the friend of the court.

Name	
Name(s) and age(s) of child(ren) involved in this case	

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider	Address			
City	State	Zip	County	Area code and Telephone no.
Name and Age of Child	School Year Rates		Average No. of Hours/Week	Hourly Rate
Name and Age of Child	Summer Season Rates		Average No. of Hours/Week	Hourly Rate

Do you require payment for services even when children are absent to guarantee a position in your center? Yes No
If yes, please explain.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? Yes No
If yes, please provide the agency name and amount contributed.

The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.

Date

Signature and title of provider