

Changing A Support Order – Forms and Instructions

General Instructions

State law requires that the County Clerk collect a filing fee of \$60 to file a motion. Your Motion to Change Support must be accompanied by a **money order for \$60**, payable to the **Alpena County Clerk**. The Clerk's Office **will not accept personal checks.**

Only a new court order can change the amount of support ordered by the court. Since 1991, the court must order support in an amount determined by the child support guidelines 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 the information about the parties' income is submitted to determine the guideline amount and the parties give adequate reasons why the guideline amount is not appropriate. If an agreement is reached, and it appears that the proposed amount is in the best interests of the children, the Friend the Court (FOC) will prepare a consent order changing support. If the FOC cannot 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 FOC to assist you if you desire to change your support order without hiring an attorney. The FOC is required to provide these forms upon request. However, this is not a recommendation by the FOC 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 an attorney. You will be expected to follow the same general rules an attorney would have to follow. 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 (TANF) is being received for the children, no change will occur until the FOC reviews the information presented by each party. If enough information is supplied, the FOC will issue an initial recommendation on support. If neither party files objections with the FOC within 21 days of the date the initial recommendation is mailed, an order will be entered setting support as recommended by the FOC.

If a party objects to the FOC's initial recommendation, or if not enough information is provided, the FOC will schedule 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 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.**

After the Judge makes a decision, the Judge may direct either party to prepare an order. You may obtain a form to prepare the order by contacting the FOC. The FOC cannot advise you on how to prepare the order.

Completing a “MOTION TO CHANGE SUPPORT ORDER form

Unless both Parties agree to a change of support amount and no public assistance (TANF) is involved, if you wish to change the amount of your support order, you must file a MOTION TO CHANGE SUPPORT ORDER. With this motion, you must also file the financial questionnaire, entitled CHILD SUPPORT RECOMMENDATION WORKSHEET, with the Friend of the Court.

Effective October 1, 2004, you must also attach a \$60.00 Money Order, Payable to the County Clerk, as a filing fee.

Completing the “Motion” section on the MOTION TO CHANGE SUPPORT ORDER.

Step 1: Locate the MOTION TO CHANGE SUPPORT ORDER form.

- a. Print or type your case number in the upper right hand corner.
- b. From your court papers, identify who is the plaintiff and who is the defendant. Fill in the names, current addresses, telephone numbers, and social security numbers for yourself and the other party in the boxes provided. (If you do not know all of the information, fill in what you can.)

Step 2: Put your name on the “Name of party filing motion” line.

Step 3: Complete item 1 on the form by placing a check mark in the box by the party who has been ordered to pay support, the amount that has been ordered, and how often the support is paid (weekly, monthly, etc.) **DO NOT include payments for overdue support (arrearages).**

Step 4: In item 2, briefly state changes that have occurred since the last court order. (Example: Increases or decreases in the parent’s income, a change in the child’s needs, etc.) **It is important that you fill this out, as it advises the FOC of the reasons you want the order changes.** If you do not give reasons for the requested change, your petition may be denied, as the other party cannot respond to your request.

Step 5: If you want to change the amount of support, check the box in item 3 and write the amount you think should be the current support amount.

Step 6: If you want the court to make other changes regarding your support order, check the box in item 4 and write in the changes you are asking the court to make. Remember that support orders can include such things as payments for health care, child care, and education.

Step 7: When you have completed these steps, fill in the date and sign your name. **DO NOT FILL IN THE NOTICE OF HEARING AND CERTIFICATE OF MAILING SECTIONS.** The Friend of the Court will complete these if necessary.

Step 8: Give the completed Motion and the questionnaire to the Friend of the Court office. **Your petition will not be accepted without the questionnaire.**

After you file the Motion, the Friend of the Court will send a copy of the Motion, a response form, and a questionnaire to the other party. That party will be given 21 days to respond.

After the 21-day period expires, the FOC will review your case. If there is enough information for the FOC to make a decision, an initial recommendation will be issued. If there is not enough information, more information will be requested, or the matter will be set for a hearing. If an initial recommendation is issued and no objections are filed within 21 days after it is mailed, an Order Adopting the Recommendation of the FOC will be entered, and the recommendation will become the order of the Court.

If you or the other party disagrees with the initial recommendation of the FOC, you may file Objections to the Initial Recommendation. If objections are filed, the matter will be set for a hearing, and you will be provided with further instructions as to how to proceed.

Certain required provisions will be included in any new order. The order must provide for immediate income withholding unless a proper written agreement is filed with the court. If you desire to write such an agreement, you should contact an attorney. Also, the order will require both parties to keep the FOC informed of their present source of income (usually, their employer) and of any health care coverage available to them to assist with the children's health care expenses.

Carefully read and follow all the instructions before filling out the forms so that you understand your rights and duties. Instructions are available which are written to help you:

- ❖ File and send a MOTION TO CHANGE SUPPORT ORDER form.
 - ❖ File and send a RESPONSE TO MOTION TO CHANGE SUPPORT ORDER form.
 - ❖ File an OBJECTION TO INITIAL RECOMMENDATION form.
 - ❖ Get ready for a court hearing.
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STATE OF MICHIGAN 26 TH JUDICIAL CIRCUIT ALPENA COUNTY	MOTION TO CHANGE SUPPORT ORDER	CASE NO: HON. MICHAEL G. MACK
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Alpena County Friend of the Court, 719 West Chisholm Street, Suite 1, Alpena Michigan 49707 (989) 356-9710

Please print or type information:

Plaintiff's name:

I, _____
state:

VS.

Defendant's name:

1. In this matter, Plaintiff
 Defendant
is currently ordered to pay support in the
amount of \$ _____ each

 week month
 other _____

2. Conditions regarding support have changed as follows: _____

I REQUEST:

3. The support order be changed to \$ _____ per week or an amount the court finds fair and equitable.

4. Other support provisions be changed as follows: _____

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

Date: _____ Signature: _____

<p>The party receiving this motion may file a response with the Friend of the Court on the form provided. If a court hearing is necessary, both parties will be advised of the time and place of the court hearing.</p>
<p style="text-align: center;">CERTIFICATE OF MAILING</p> <p>I certify that on this date I mailed a copy of the Motion to Change Support Order to the respondent at his or her last known address.</p> <p>Date: _____ Signature: _____</p>

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's Names	Date of Birth	With Which Parent?
Are there work related child care costs for the children in 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.		
YOUR INFORMATION		
Do you pay support under any other support order? [] Yes [] No If so, what are the names and ages of the children? 1. 2. Where do you pay the support? _____ How much is the current order? _____		
Do you have other minor natural or adopted children? [] Yes [] No If so, what are their names & ages? 1. 2.		
Do you have any minor stepchildren whose natural parents are unable to contribute to their support? If so, how many?		
Do the children receive Social Security benefits? [] Yes [] No Is so, which children? In whose name are the benefits received? How much are the monthly benefits?		
Are you employed? [] Yes [] No If so, who is your employer? Address of employer: _____ Employer Phone No. () _____		
PROVIDE THE REQUESTED INFORMATION AS COMPLETELY AS POSSIBLE ATTACH ADDITIONAL SHEETS IF NECESSARY		

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 Count 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:

STATE OF MICHIGAN 26th JUDICIAL CIRCUIT ALPENA COUNTY	HEALTH CARE INFORMATION	CASE NO. HON. MICHAEL G. MACK
HEALTH CARE INFORMATION		
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