

# MOTION REGARDING SUPPORT

DO NOT FILE THIS FORM IF THE OTHER PARTY  
IS IN AGREEMENT TO THE CHANGE YOU ARE REQUESTING. YOU MAY  
SUBMIT A SIGNED AND NOTARIZED AGREEMENT REQUESTING  
AN ORDER BE ENTERED  
BASED UPON YOUR AGREEMENT.

Attached is a *Motion Regarding Support* form. Following instructions A through J, and printing neatly in black ink, please complete the Motion. Once you have completed the form, return it and **Three (3) copies of the completed form, including any attachments**, to the Bay County Clerk of the Court office, 1230 Washington Avenue Suite 725, Bay City 48708, along with a check or money order for \$60.00 payable to the Clerk of Court to cover the \$20.00 filing fee and the \$40.00 Judgment Fee which is required in The State of Michigan.

The Clerk of the Court will notify the Friend of the Court Office once the motion has been filed. The Friend of the Court will schedule a hearing date and send copies of the Motion with attachment(s) and Notice of Hearing to the parties.

## INSTRUCTIONS FOR COMPLETING "MOTION REGARDING SUPPORT"

Items **(A)** through **(J)** must be completed before your motion can be filed with the court. please complete **ONLY** these items. Read the instructions carefully for each item. Read the instructions carefully for each item. Then fill in the correct information for that item on the form. Please print neatly in **black ink**.

- (A)** Before you fill in the Case Number, get your court papers for divorce, separate maintenance, paternity, or family support (your order) and copy the Case number from those court papers onto this form. If you no longer have a copy of your court papers, you may obtain one from the County Clerk's office.
  
- (B)** Also, use your court papers to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from these court papers onto this form. For example, if your name is the "Plaintiff" on your court papers, then you should write your name in the "Plaintiff" box on this motion form.  
  
You are the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as your name.
  
- (C)** **Check only one box.** Check your court papers carefully to find out if there is any information in it about support. If there is information about support, check box "a". If there is no information about support, check box "b".
  
- (D)-(F)** Check these boxes **only** if you checked box a in **(C)** above. Read your court papers to determine who was ordered to pay support, child care, and health care; how much; and how often. Write this information here.
  
- (G)** Check this box to provide the conditions that have changed to require a change in support. Explain in as much detail as possible what has happened. Attach a separate sheet if necessary.
  
- (H)** Check this box if you and the other party have agreed to start support or make changes in the support. Explain in as much detail as possible what you have agreed upon.
  
- (I)** You need to explain in as much detail what you want the court to order. If you checked **(H)** above, check the box "see 6 above for details". Otherwise, write in the details.
  
- (J)** Write in today's date and sign your name.

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MOTION REGARDING SUPPORT</b>	<b>(A) CASE NO.</b>
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Court address Court telephone no.

**(B)** Plaintiff's name, address, and telephone no.  moving party

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Third party name, address, and telephone no.  moving party

Defendant's name, address, and telephone no.  moving party

v

**(C)** 1.  a. On \_\_\_\_\_ a judgment  
Date  
or order was entered regarding support.  
 b. There is currently no order regarding support.

**(D)**  2. The  plaintiff  defendant is ordered to pay support of \$ \_\_\_\_\_ each month.

**(E)**  3. The  plaintiff  defendant is ordered to pay child care of \$ \_\_\_\_\_ each month.

**(F)**  4. The  plaintiff  defendant is ordered to pay health care of \$ \_\_\_\_\_ each month.

**(G)**  5. Conditions regarding support have changed as follows:  
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

**(H)**  6. \_\_\_\_\_ and I have agreed to support as follows:  
Name  
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

**(I)** 7. I ask the court to order that support be paid as follows:  See 6 above for details.  
Use a separate sheet to explain in detail what you want the court to order and attach.

**(J)** \_\_\_\_\_  
Date Moving party's signature

**NOTICE OF HEARING**

A hearing will be held on this motion before \_\_\_\_\_  
Judge/Referee Bar no.

**(K)** on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**Note:** If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.

**CERTIFICATE OF MAILING**

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

**(L)** \_\_\_\_\_  
Date Moving party's signature