STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF COURT SERVICES (PAGE 1) ☐ EX PARTE ☐ TEMPORARY ☐ MODIFICATION ☐ FINAL	CASE NO.

Court address **Court telephone no.**

Plaintiff's name, address, and telephone no.	v	Defendant's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.		Defendant's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.		Defendant's source of income name, address, and telephone no.

This order is entered ☐ after hearing. ☐ on stipulation/consent of the parties.

An order exempting this case from friend of the court services was entered on _____ .
(NOTE: If there is no order exempting this case from friend of the court services, form FOC 10/52 must be used.)

IT IS ORDERED, unless otherwise ordered in item 8 or 9: ☐ Standard provisions have been modified (see item 8 or 9).

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.	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Subtotal:	$	$	$	$	$
Ordinary medical:	$	$	$	$	$
Child care:	$	$	$	$	$
Other:	$	$	$	$	$
SS benefit credit:	$	$	$	$	$
Total:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

☐ Support was reduced because payer's income was reduced.

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Plaintiff's name	v	Defendant's name

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. The child-care obligation for each child ends August 31 following the child's 12th birthday. 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.

☐ **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.)

_____

_____

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 5% of the plaintiff's/defendant's gross income.

☐ 3. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 9.

4. **Retroactive Modification 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. 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.

5. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: 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.

6. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

7. **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.

☐ 8. **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.

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Plaintiff's name	v	Defendant's name

☐ 9. **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 the order.

Date

Signature

COURT USE ONLY