

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>REFEREE FINDINGS AND RECOMMENDATION FOR ORDER AFTER HEARING ON BENCH WARRANT/SHOW CAUSE (SUPPORT) (PAGE 1)</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name and address

**v**

Defendant's name and address

1. Date of hearing: \_\_\_\_\_

Referee: \_\_\_\_\_  
Bar no. \_\_\_\_\_

Name of payer: \_\_\_\_\_

Date of support order: \_\_\_\_\_

**FINDINGS:**

2.  a. Payer was served with the support order.  
 b.  Plaintiff  Defendant was served with an order requiring him/her to obtain or maintain health care coverage.

3. Payer  was  was not served with  an order to show cause/adjournment notice  a bench warrant  
 personally.  by mail.

4. Payer  did not appear.  did appear.  \_\_\_\_\_ was present.  
Attorney name \_\_\_\_\_ Bar no. \_\_\_\_\_

5. Payee  did not appear.  did appear.  \_\_\_\_\_ was present.  
Attorney name \_\_\_\_\_ Bar no. \_\_\_\_\_

6. The payer was ordered to pay:

Type of Payment	Current Amount	Frequency of Payment	Overdue Amount
a. Child Support			
b. Spousal Support			
c. Fixed Obligation			
d. Pregnancy and/or Birth Expenses			
e. Service Fees			
f. Other			
<b>Total</b>			

The overdue amounts were computed through \_\_\_\_\_ Date \_\_\_\_\_ and are subject to an audit. The last payment was made on \_\_\_\_\_ Date \_\_\_\_\_.

7.  a. Payer has income of \$ \_\_\_\_\_ .  
 b. Payer has no current income.  
 c. Payer has no present ability to pay support.

8. Payer has other sources of income or currently available resources as follows: \_\_\_\_\_

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>REFEREE FINDINGS AND RECOMMENDATION FOR ORDER AFTER HEARING ON BENCH WARRANT/SHOW CAUSE (SUPPORT) (PAGE 2)</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

Plaintiff

v

Defendant

- 9. Payer has the capacity to pay out of currently available resources \$ \_\_\_\_\_ of the amount due.
- 10. By the exercise of due diligence, the payer could have the capacity to pay all or some portion of the amount due. (Specify.)
- 11. Payer has failed to satisfy the conditions of the commitment order.
- 12.  Plaintiff  Defendant failed to pay the ordered share of unreimbursed health-care expenses.
- 13.  Plaintiff  Defendant  does  does not have health care coverage available to him/her at a reasonable cost, as a benefit of employment, or as an optional coverage for dependents on a policy already obtained by the health insurance provider.
- 14. \$ \_\_\_\_\_ performance bond was posted.
- 15. Referral to work activity  is required.  is not required for good cause as stated on the record.
- 16. Other:
- 17. Remarks:

18. Either party has the right to request a de novo hearing as defined in MCR 3.215 by filing a written objection and notice of hearing with the clerk of the court within 21 days after this recommendation is served. The party requesting a de novo hearing must serve the objection and notice of hearing on the other party.

On the basis of these findings, the referee recommends entry of the attached order (form FOC 6).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referee signature