

Motion Regarding Support



This motion is for changing a **CHILD SUPPORT** order that ALREADY EXISTS. If you DO NOT already have an order or a Friend of the Court case, please do not use this motion.

If you wish to START a CHILD SUPPORT case, you must hire an attorney, or call the Department of Human Services - Office of Child Support at 1-866-540-0008. After dialing this number, press 1 and then state that you want to start a case.

Thank you.
Friend of the Court Staff

Form FOC 50

MOTION REGARDING SUPPORT

Use this form if:

- You have a temporary order on a pending divorce, separate maintenance, family support, or paternity case; or
- You have a judgment of divorce, an order for separate maintenance, a family support order, or a paternity order but child support was not included; or
- You already have child support addressed in your judgment of divorce, separate maintenance, family support, or your paternity order **and** you want the court to either order support or change support.

**INSTRUCTIONS FOR COMPLETING/FILING THE
MOTION REGARDING SUPPORT**

1. File the motion paperwork with the Jackson County Clerk's office located at 312 S. Jackson St, Jackson, MI 49201. You must pay a \$60.00 motion fee. If you can't afford to pay the motion fee, ask the County Clerk for an Affidavit and Order, Suspension of Fees/Costs (Form MC20) to complete. The Clerk's office will provide you with the Judge/Referee assigned to hear your motion and the date, time and the location of your motion hearing. The Clerk's office will prepare a NOTICE OF HEARING containing this information and attach it to your Motion.
2. The County Clerk's office will have you sign and date Section L (CERTIFICATE OF MAILING) in front of them. The County Clerk's office will keep the original motion form and provide you with 2 copies. One copy is for your records. **The other copy must be mailed (by First Class Mail) to the other parent. The other party must have notice at least 9 days prior to the hearing date. Notice must be mailed to the party's last known address.** If there is a non-parent custodian or guardian, ask the Clerk for an extra copy, so you can mail them a copy.
3. The other party can file a response at the County Clerk's office in writing or by using FOC 51 Form--RESPONSE TO MOTION REGARDING SUPPORT. If you receive a response from the other party, make sure to read the response prior to your hearing date.
4. If you live more than 50 miles away from our office and wish to participate by phone for your motion hearing, then note that you require phone participation on your motion form.

NOTE: If your hearing is held in front of a FOC Referee and you do not agree with the Referee's decision, you have the right to object in the hearing room. The Referee will set a hearing date for your Motion Objection to be heard in front of the Judge assigned to your file. This hearing will be held at the Jackson County Courthouse, 312 S. Jackson St., Jackson, MI.

Instructions for completing the Motion Regarding Support
The letters below correspond to the letters on the motion form

- A** Fill in the CASE NO. You can get this number from your court papers for custody, divorce, family support or paternity.
- B** Fill in the "Plaintiff" and "Defendant" boxes, and if applicable, the "Third party" box. This information is also located on your court order. Since you are completing this form, you are the "moving party". Check the box "moving party" in the same box as your name.
- C** Check only one box. If you have a judgment or order for custody, divorce, separate maintenance, family support or paternity, read it to find out if there is any information in it about support. If there is information about support, check box "a" and fill in the date of the order. If there is no information about support, check box "b".
- D** **E** **F** Check these boxes only if you checked box "a" in Letter C above. Read your order for custody, divorce, separate maintenance, family support or paternity to find out who was ordered to pay support, child care, and health care; how much; and how often. Write this information here.
- G** Check this box if you checked "a" in Letter C above and conditions have changed that require a change in support. Explain in as much detail as possible what has changed. If you need more space, use a separate sheet of paper. Attach this to your motion when you file it.
- H** Check this box and write in the other party's name if you and the other party have agreed to start support or make changes in the support amount. Explain in as much detail as possible what you have agreed to. If you need more space, use a separate sheet of paper. Attach this to your motion when you file it.
- I** Explain in as much detail as possible what you want the court to order. If you checked Letter H above on the motion form, check the box "See 6 above for details". Otherwise, write in the details. Use a separate sheet of paper, if necessary. Attach this to your motion when you file it.
- J** Write in today's date (date of filing) and sign your name. Take the completed motion form to the Jackson County Clerk's office to file.
- K** As opposed to having you complete Letter K, the Clerk's office will provide you with a Notice of Hearing to attach to your motion. Do not complete Letter K on the motion form.
- L** The Clerk's office will have you sign and date Letter L stating that you will mail a copy of this form to the other party by first class mail. After leaving the Clerk's office, immediately mail the motion and all attachments to the other party.

Approved, SCAO

Original - Court
1st Copy - Other Party
2nd Copy - Moving Party

STATE OF MICHIGAN
FOURTH JUDICIAL CIRCUIT
JACKSON COUNTY

MOTION REGARDING SUPPORT

A

CASE NO.

Court address

Court telephone no.

1697 Lansing Avenue, Jackson, MI 49202

517-788-4470

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

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

v

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

- 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