

# MOTION TO REVIEW CHILD SUPPORT

Use this form if:

- You have a pending divorce, separate maintenance, paternity, or family support case and you want the Court to change support;
- You have a final Judgment of Divorce, separate maintenance, paternity order or a family support case but child support was not included; or
- You already have a current child support order in your Judgment of Divorce, separate maintenance, paternity order, or order of family support and you want the Court to review child support using the Michigan Child Support Formula.

**Note:** Please be advised that filing this motion may result in a decrease or increase in your child support depending on application of the Michigan Child Support Formula.

## **WARNING: Parties that Opted Out of Friend of the Court Services**

- If you chose to opt out of Friend of the Court Services at the time of entry of your Judgment of Divorce, separate maintenance, paternity order or a family support case. You **MUST** complete and file the following forms at the same time you file your motion to review support or your motion will be dismissed.
  - Form FOC 104 - Request to Reopen Friend of the Court Case (attached)
  - Form FOC 23 - Verified Statement and Application for IV-D Services (attached)

## **FILING FEE AND METHOD OF PAYMENT**

- A **\$60.00** filing and order fee must accompany your motion to review child support.
  - If filing in person, payment can be made with cash, credit card, money order or certified check payable to 14<sup>th</sup> Circuit Court Records.
  - If filing by mail, the only method of payment is by certified check or money order.
- If you can't afford to pay the filing and order fee, you may ask Circuit Court Records for an Affidavit and Order, Suspension of Fees/Costs (Form MC 20 not included in this packet) to fill out. You may also complete the form online at <http://michiganlegalhelp.org/self-help-tools/miscellaneous/fee-waivers-court-cases> or <http://courts.mi.gov/Administration/SCAO/Forms/courtforms/general/mc20.pdf>.

## INSTRUCTIONS FOR FILING A MOTION TO REVIEW CHILD SUPPORT

In order for the Muskegon County Family Court to process your Motion to Review Child Support, you must complete the following:

1. Complete the top portion of the attached Motion to Review Child Support.
2. You must state the change of circumstance that has occurred since the last support review (ie the reason why you are requesting a child support review) in Paragraph 2 of your Motion.
3. Sign and date your Motion.
4. Complete the “Support Questionnaire” and attach the following:
  - a. If employed: attach copies of your last two (2) recent pay stubs, your W2 from last year and copies of your last two (2) years of tax returns.
  - b. If you are self-employed: attach copies of your last three (3) years of individual and business tax returns including all schedules and forms.
  - c. If you are not employed: attach proof of your unemployment benefits, proof of income from your last employment, your W2 from last year and copies of your last two (2) years of tax returns.
  - d. If you are disabled: attached proof of your disability benefits or worker’s compensation benefits, a recent statement from your treating physician noting your work restrictions and/or a recent statement from your treating physician stating you are unable to work due to you medical condition (if applicable), your W2 from last year and copies of your last two (2) years of tax returns.

**Note: Your motion will be returned to you if you fail to complete the support questionnaire and provide all requested documentation.**

5. If you have child care expenses you must attach the “Child Care Verification” form. This form must be completed and signed by your childcare provider.
6. Take your completed Motion to Review Child Support to the Muskegon County Circuit Court Records, located on the sixth floor of the Michael E. Kobza Hall of Justice, 990 Terrace Street, Muskegon, MI 49442. A **\$60.00 filing and order fee must accompany the motion**. The motion can be filed in person or by mail. Payment must be in cash, certified check or money order. If you can’t afford to pay the filing and order fee, ask Circuit Court Records for an Affidavit and Order, Suspension of Fees/Costs (Form MC 20 not included in this packet) to fill out.
5. In approximately 14 to 21 days you will receive your Motion to Review Support back with the date and time of your hearing (bottom portion of form completed). All hearings will be conducted at the Family Court Services located on the third floor of the Michael E. Kobza Hall of Justice, 990 Terrace St., Muskegon, MI 49442.

## **IMPORTANT INFORMATION ABOUT THE REFEREE HEARING**

1. Please be advised that even if you do not attend the hearing, the Referee will still issue a child support recommendation based on the income information previously submitted to the Family Court or evidence presented at the hearing.
2. Since you are representing yourself, you are expected to conduct yourself as an attorney would and to follow the same general rules.
3. Make a list of information you feel is important to the Referee to know. The information should relate to the reasons stated in your motion. You can use this list as reminders to bring up the points you feel are important.
4. If you are attending a child support hearing, you must bring proof of income. At a minimum you must bring at least three recent paystubs, the last two years of tax returns (both personal and business), proof of childcare, proof of unemployment or workman compensation benefits, and proof of any Social Security Benefits or medical documentation demonstrating an inability to work.
5. Please appear at least 15 minutes prior to your scheduled hearing.
6. At the hearing answer the referee's questions clearly and directly.
7. If the other party appears, he or she will have a chance to speak. Please do not interrupt the other party. You will be given a chance to answer any questions raised by the other party.
8. After the hearing, the Referee will issue a Recommendation and Order Regarding Support. Either party has the right to have a Judge review the Referee's recommendation by filing a written objection and notice of hearing with the Court within 21 days from the date of mailing.
9. Please be advised that as of October 1, 2004, this objection may not result in a hearing before the assigned Family Court Judge. Recently passed legislation allows the assigned Family Court Judge to review a record of the Referee hearing including any evidence presented and/or recommendations and issue an order without scheduling a new hearing.

**Note: It is important to appear for the Referee Hearing and present all of your evidence supporting your motion.**

10. The Friend of the Court Division of Family Court Services cannot provide assistance for objections.

<b>STATE OF MICHIGAN 14<sup>th</sup> JUDICIAL CIRCUIT MUSKEGON COUNTY</b>	<b>MOTION TO REVIEW CHILD SUPPORT</b>	<b>FILE NO.</b>
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990 Terrace Street, 3<sup>rd</sup> Floor, Muskegon, MI 49442

(231) 724-6421

## Plaintiff's information:

name: address: city, state, zip: telephone #:
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## Defendant's information:

name: address: city, state, zip: telephone #:
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***INCOME INFORMATION***

## Plaintiff's information:

employer: address: city, state, zip: telephone #:
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## Defendant's information:

employer: address: city, state, zip: telephone #:
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1. I am requesting that the Court review my current child support order or establish a child support order, including child care, medical obligation and if applicable, arrearage payment using the Michigan Child Support Formula.
2. Conditions regarding support have changed as follows: (if necessary attach a separate sheet)
3. I understand that by requesting a review, my child support, child care, medical obligation or arrearage payment may increase or decrease depending on the parties' current income information.

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

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Date

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Signature of party filing motion

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)</b>	<b>CASE NO.</b>
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Friend of the court address	Telephone no.
Plaintiff	v
	Defendant

**Complete this form and sign on page 4.**

**YOUR GENERAL INFORMATION**

1. Your full name		2. Date of birth		3. Place of birth: city and state	
4. Address		City	State	Zip	5. Home telephone
				6. Work telephone	
7. Social security number		8. Driver's license no.		9. Professional license, type and no.	
				10. Cell phone	
				11. E-mail address	
12. Sex <input type="checkbox"/> M <input type="checkbox"/> F		13. Eye color		14. Hair color	
				15. Height	
				16. Weight	
				17. Race	
				18. Scars, tattoos, etc.	
19. Your father's full name			20. Your mother's full maiden name		
21. Children in common with other parent in this case		Birthdate	Gender	SSN	Anticipated graduation date
				No. of overnights you have w/child annually	
22. Names of other biological/adopted minor children you support		Birthdate	Address		
23. Are you pregnant? a. When is the child due?		b. Is the other party in this case the biological parent of the expected child?		24. Are you presently married?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION**

25. Your occupation		26. Your employer (if unemployed, name of last employer)			
27. Employer's address		City	State	Zip	28. Date hired
29. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly			30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household		
31. Hourly pay rate (including shift premium and COLA)		32. Total regular hours worked per pay period		33. Average overtime hours for past 12 months	
34. Second job		35. Employer			
36. Employer's address		City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly			39. Hourly pay rate		40. Average hours worked per pay period since hire date
41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:					
Name of last full-time employer			Address of last full-time employer		
Position held at last place of full-time employment			Last day employed full-time		
Length of time employed in last full-time position			Reason for leaving last full-time employment		
Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly					

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 2)</b>	<b>CASE NO.</b>
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**YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)**

42. List MONTHLY income from all other sources, such as:

Commissions _____	Unemp. Benefits _____	Nat'l Guard & Res. Drill Pay _____
Bonuses _____	Strike Pay _____	Armed Services _____
Profit Sharing _____	SUB Pay _____	Allowance for Rent _____
Interest _____	Sick Benefits _____	Rental Income _____
Dividends _____	Workers' Comp. _____	Spousal Support/Alimony _____
Annuities _____	Soc. Sec. Benefits _____	State Disability Assistance _____
Pensions/Longevity _____	VA Benefits _____	F I P _____
Deferred Comp./IRA _____	Disability Insurance _____	Supp. Security Income SSI _____
Trust Funds _____	GI Benefits _____	Other _____

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?  
 If so, complete a. b. and c.  No  Yes, as payer  Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state
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44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration?  Yes  No

Child's Name	Amount (monthly)	Type of benefit (check one)		Source of dependent benefit (mother, father, stepparent)
		SSI	Dependent benefit	

45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?  
 If yes, please explain medical condition/restriction:  Yes  No

47. What is your educational background? (Check one)

<input type="checkbox"/> less than high school	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Trade school graduate
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree

48. Medical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

49. Dental insurance company name, address, telephone no. Policy/Group number Beginning date, if known

50. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

51. What dependent coverage is available to you without cost?  Medical  Dental  Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)  
 Medical \_\_\_\_\_ per \_\_\_\_\_  Dental \_\_\_\_\_ per \_\_\_\_\_  Optical \_\_\_\_\_ per \_\_\_\_\_

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 3)</b>	<b>CASE NO.</b>
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**YOUR CHILD-CARE INFORMATION**

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year?  Yes  No  
If yes, complete the following information.

Name of child-care provider	Names of children receiving child care
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost.	Amount of child-care credit received on last year's federal I.R.S. tax return.
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.	

55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

<u>Reason</u>	<u>Estimated number of hours per week</u>
<input type="checkbox"/> Work related	_____
<input type="checkbox"/> Looking for employment	_____
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____

56. If your reason for child care is education related, provide the following information.

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date
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**ADDITIONAL INFORMATION**

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)**

58. Full name		59. Date of birth		60. Place of birth: city and state	
61. Address			City	State	Zip
62. Home telephone		63. Work telephone			
64. Social security number	65. Driver's license number	66. Professional license, type, and no.		67. Cell phone	68. E-mail address
69. Sex <input type="checkbox"/> M <input type="checkbox"/> F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race
75. Scars, tattoos, etc.					
76. Father's full name			77. Mother's full maiden name		
78. Names of other biological/adopted minor children he/she supports		Birthdate	Address		

79. Is this party pregnant?	a. When is the child due?	b. Is the party in this case the biological parent of the expected child?	80. Is this party married?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Occupation		82. Employer (if unemployed, name of last employer)	
83. Employer's address		City	State
		Zip	84. Date hired
85. Gross earnings per pay period (earnings before taxes)			86. Average overtime hours for past 12 months.

