

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 cannot file this motion, separate forms must be filed out to open a Friend of the Court Case. Please contact 1-877-543-2660 for more information.

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. A \$60.00 filing fee must accompany the motion. Motion fees are determined and collected, in person, at Circuit Court Records 990 Terrace St Suite 600, Muskegon, MI 49442.
5. If filing by mail, the only method of payment is by certified check or money order.
6. If you cannot afford to pay the filing fee you may fill out a fee waiver request (form MC 20) and file it at Circuit Court Records.
7. In approximately 14 to 21 days you will receive your Motion to Review Support back with the date and time of your hearing.

Note: it may be conducted in person or via zoom, read the location instructions you have been sent carefully.

IMPORTANT INFORMATION ABOUT THE REFEREE HEARING

1. Please be advised that even if you are the moving party and fail to attend the hearing, the Referee may issue a recommendation dismissing your motion. If the moving party attends the hearing and the other party fails to attend the hearing, the Referee will 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.

STATE OF MICHIGAN 14th JUDICIAL CIRCUIT MUSKEGON COUNTY	MOTION TO REVIEW CHILD SUPPORT	FILE NO.
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990 Terrace Street, Ste. 600 Muskegon, MI 49442

(231) 724-6421

Plaintiff's information:

name:
address:
city, state, zip:
telephone #:

Defendant's information:

name:
address:
city, state, zip:
telephone #:

INCOME INFORMATION

Plaintiff's information:

employer:
address:
city, state, zip:
telephone #:

Defendant's information:

employer:
address:
city, state, zip:
telephone #:

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.

Date

Signature of party filing motion

INSTRUCTIONS FOR FILING FOC QUESTIONNAIRE AND FINANCIAL PROOFS FOR 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 "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 your 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.

2. 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.
3. These financial forms should be mailed or turned in to: Muskegon County Friend of the Court, 990 Terrace Street, Ste. 300 Muskegon, MI 49442. You may also email them to: imaging@muskegoncounty.net

STATE OF MICHIGAN 14th JUDICIAL CIRCUIT Muskegon COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE
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Friend of the court address 990 Terrace St. Suite 300 Muskegon, MI 49442	Telephone no. 231-724-6234
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Plaintiff	v	Defendant
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Complete this form and sign on page 5.

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	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually
22. Names of other biological/adopted minor children you support		Birthdate	Address				
23. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. When is the child due?	b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No				24. Are you presently married? <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		

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

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				
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. <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient				
a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state		
44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child's Name	Amount (monthly)	Type of benefit (check one) SSI Dependent benefit		Source of dependent benefit (mother, father, stepparent)
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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		

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

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? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
53. Individuals currently covered by your insurance		
Name	Birthdate	Relationship
		Medical () Dental () Optical ()

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 no.		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? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. When is the child due?		b. Is the party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No			80. Is this party married? <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			
87. Medical insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known	
88. Dental insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known	
89. Optical insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known	
90. What dependent coverage is available to the other parent without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical								
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____								
92. Individuals currently covered by other parent's insurance								
Name	Birthdate		Relationship		Medical ()	Dental ()	Optical ()	

If you want friend of the court services, you must check the box below.

I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.