

Changing A Support Order

Forms and Instructions

General Instructions

State law requires that the County Clerk collect a filing fee of \$60 to file a motion. Your Motion to Change Support must be accompanied by a **money order for \$60**, payable to the **Alpena County Clerk**. The Clerk's office **will not accept personal checks.**

Only a new court order can change the amount of support ordered by the court. Since 1991, the court must order support in an amount determined by the child support guidelines unless the court explains how the support ordered differs from the guidelines and why use of the guideline amount is inappropriate. The parents may agree to an amount of support different than the amount recommended by the guidelines **only** if the information about the parties' income is submitted to determine the guideline amount and the parties give adequate reasons why the guideline amount is not appropriate. If an agreement is reached, and it appears that the proposed amount is in the best interests of the children, the Friend of the Court (FOC) may prepare a consent order and/or the parties may submit a consent order changing support. If the FOC or parties cannot prepare a consent order, you will need to file a petition or hire an attorney to try to get the support changed.

Forms are available from the FOC to assist you if you desire to change your support order without hiring an attorney. The FOC is required to provide these forms upon request. However, this is not a recommendation by the FOC that you proceed without an attorney. If you decide to do so, you will be required to prepare the necessary documents, appear in court and present your case just as if you were an attorney. You will be expected to follow the same general rules an attorney would have to follow. If you are unable to do this, you should hire an attorney.

If the parties do not agree to a new support amount, or if public assistance is being received for the children, no change will occur until the FOC reviews the information presented by each party. If enough information is supplied, the FOC will issue an initial recommendation on support. If neither party files objection with the FOC within 21 days of the date the initial recommendation is mailed, an order will be entered setting support as recommended by the FOC.

If a party objects to the FOC's initial recommendation, or if not enough information is provided, the FOC will schedule a hearing. At the hearing, you will be given an opportunity to present evidence regarding the needs of your children, your income, and the other party's income. You may represent yourself at this hearing or you may hire an attorney to represent you. The FOC cannot give you legal advice and does not conduct a support investigation for this hearing. **The FOC does not represent either party at this hearing. No attorney is provided for either party. YOU ARE RESPONSIBLE FOR PREPARING YOUR CASE FOR THE HEARING.**

After the Judge/Referee makes a decision, they may direct either party to prepare an order. You may obtain a form to prepare the order by contacting the FOC. The FOC cannot advise you on how to prepare the order.

Completing a “MOTION TO CHANGE SUPPORT ORDER FORM”

Unless both Parties agree to a change of support amount and no public assistance is involved, if you wish to change the amount of your support order, you must file a MOTION TO CHANGE SUPPORT ORDER. With this motion, **you must also file the financial questionnaire**, entitled CHILD SUPPORT RECOMMENDATION WORKSHEET, with the Friend of the Court.

You must also attach a \$60.00 Money Order, Payable to the County Clerk, as a filing fee.

Completing the “Motion” section on the MOTION TO CHANGE SUPPORT ORDER.

- Step 1: Print or type your case number in the upper right-hand corner.
- Step 2: From your court papers, identify who is the plaintiff and who is the defendant. Fill in the names, current address, and telephone number for yourself and the other party in the boxes provided. (If you don’t know all of the information, fill in what you can.)
- Step 3: Put your name on the “Name of party filing motion” line.
- Step 4: Complete item 1 on the form by placing a check mark in the box by the party who has been ordered to pay support and entering the amount currently order to be paid monthly. **Do not include payments for overdue support (arrearages)**
- Step 5: In item 2, briefly state changes that have occurred since the last court order. (Example: Increase or decrease in the parent’s income, a change in the child’s needs, etc.) **It is important you fill this out, as it advises the FOC of the reasons you want the order changed. If you do not give reasons for the requested change, your petition may be denied, as the other party cannot respond to your request.**
- Step 6: If you want to change the amount of support, check the box in item 3 and write the amount you think should be the current support amount. (A review may be completed, and the support may not be calculated for this amount.)
- Step 7: If you want the court to make other changes regarding your support order, check the box in item 4 and write in the changes you are asking the court to make. Remember that support orders can include such things as payments for health care, child care, and education.
- Step 8: When you have completed these steps, fill in the date and sign your name. **DO NOT FILL IN THE CERTIFICATE OF MAILING SECTION.** The Friend of the Court will complete this section.
- Step 9: Give the competed Motion and the questionnaire to the Fiend of the Courts office. **Your petition will not be accepted without the questionnaire.**

After you file the Motion, the Friend of the Court will send a copy of the Motion, a response form, and a questionnaire to the other party. That party will be given 21 days to respond.

Once the response has been received or the time limit expired, the FOC will review your case. If there is enough information for the FOC to make a decision, a recommendation will be issued. If there is not enough information, more information will be requested, researched to find through reports available to FOC, imputed based on available evidence, or the matter may be set for a hearing.

Once a recommendation is issued, the parties will have 21-days to object. If no objections are filed within 21 days after it is mailed, an Order Adopting the Recommendation of the FOC will be entered, and the recommendation will become the order of the Court.

If you or the other party disagree with the recommendation of the FOC, you must file Objections to the Recommendation. If objections are filed, the matter will be set for a hearing before the Referee. You will be required to appear at the hearing.

Certain required provisions will be included in any new order. The order must provide for immediate income withholding unless a proper written agreement is filed with the court. If you desire to write such an agreement, you should contact an attorney. Also, the order will require both parties to keep the FOC informed of their present source of income and of any health care coverage available to them to assist with the children's health care expenses.

STATE OF MICHIGAN 26 TH JUDICIAL CIRCUIT ALPENA COUNTY	MOTION TO CHANGE SUPPORT ORDER	DOCKET NO: HON. K. EDWARD BLACK
Alpena Friend of the Court, 719 W Chisholm St Alpena MI 49707		Phone (989)354-9710

Please print or type information:

Plaintiff's Name:
Address:
Phone No:

I, _____
(Name of moving party)

State,

VS.

Defendant's Name:
Address:
Phone No:

1. In this matter, [☐] Plaintiff
[☐] Defendant

Is currently ordered to pay support in the amount of

\$_____ each month.

2. Conditions regarding support have changed as follows: _____

I REQUEST:

[☐] 3. The support order be changed to \$_____ per month or an amount the court finds fair and equitable.

[☐] 4. Other support provisions be changed as follows: _____

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

Date: _____ Signature: _____

The party receiving this motion may file a response with the Friend of the Court on the form provided. If a court hearing is necessary, both parties will be advised of the time and place of the court hearing.

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of the Motion to Change Support Order to the respondent at his or her last known address.

Date: _____ Signature: _____

Friend of the Court 719 W Chisholm St Alpena MI 49707

MOTION TO CHANGE SUPPORT ORDER

CHILD SUPPORT FINANCIAL QUESTIONNAIRE

Case No.		Date:		
Your Name:		Phone No.		
Address:				
Other Party's Name:		Other Party's Phone No.		
Other Party's Address:				
Children in common with other parent	Birthdate	SSN	Current grade level	No. of overnights you have with child annually
Names of other biological/adopted minor children you support	Birthdate	With whom does the child reside		Is there child support? If so what county?
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No When is the child due? Is the other party the biological parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment Information				
Your Occupation		Your employer		
Employer's address		City	State	Zip
				Date hired
Gross earnings per pay period (earnings before taxes)			Hourly Pay rate	Average hours worked per pay period
\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually				
Second Job		Employer		
Employer's address		City	State	Zip
				Date hired
Gross earnings per pay period (earnings before taxes)			Hourly Pay rate	Average hours worked per pay period
\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly <input type="checkbox"/> annually				
If unemployed and not receiving unemployment 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 date 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"/> monthly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				

CHILD SUPPORT FINANCIAL QUESTIONNAIRE – PAGE 2

YOUR FINANCIAL INFORMATION

ATTACH A COPY OF YOUR MOST RECENT TAX RETURNS AND W-2 FORMS, YOUR LAST FOUR PAY STUBS, AND OTHER VERIFYING INFORMATION SUCH AS SOCIAL SECURITY STATEMENT, ROYALTIES, PENSIONS, ETC. WITH THIS FORM

What is your filing status on your taxes? Single ☐ Married ☐ Head of Household ☐

How many dependency exemptions do you claim?

Gross Income (before taxes)	Amount	Rate of Pay (please check one)				
		Weekly	Bi-week	Semi-Mo	Monthly	Annual
Salary/Wage (Included COLA/Shift Prem)						
Overtime						
Second Job						
Commissions						
Bonuses/Profit Sharing						
Interest/Dividends						
Annuities/Trust Funds						
Pensions/Longevity						
Deferred Comp/IRA						
Unemployment Benefits						
Strike Pay						
Worker's Compensation						
Social Security Benefits						
Disability Insurance						
GI Benefits						
Veteran's Benefits						
Armed Services/National Guard						
Allowance for Rent						
Rental Income						
Alimony and other Spousal Support						
Supplemental Security Income SSI						
Other: _____						

Do any of the children under your care receive payments from the Social Security Administration?

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

Attach your four most recent paycheck stubs, a copy of your last federal and state income tax returns including all schedules and W-2s. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

Do you have any medical conditions/restrictions that affect your ability to work? ☐ yes ☐ no

If yes, please explain your medical condition/restriction: (please provide valid documentation for diagnosis)

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 |

CHILD SUPPORT FINANCIAL QUESTIONNAIRE – PAGE 3

YOUR FINANCIAL INFORMATION (continued)

Expenses	Amount	Rate of Deduction (please check one)				
		Weekly	Bi-week	Semi-Mo	Monthly	Annual
Alimony and Spousal Support						
Union Dues						
Other Mandatory withholding*						
Term Equivalent Insurance Premium (if child is the beneficiary)						

* Please explain the withholding:

HEALTH CARE INFORMATION

Insurance company name, address, phone	Policy/Group Number	Beginning date, if known
Medical		
Dental		
Optical		

What dependent coverage is available to you without costs? ☐ Medical ☐ Dental ☐ Optical

What dependent coverage is available by payment of an additional premium? (specify cost per pay period)

[] Medical \$_____ per _____ [] Dental \$_____ per _____ [] Optical \$_____ per _____

Individuals currently covered by your insurance

Name	Birth Date	Relationship	Medical	Dental	Optical

CHILD CARE INFORMATION

Are there work related child care costs for the children on this case?

[] Yes [] No If yes, how much per week? \$ _____ How many weeks per year? _____

BEFORE THE CHILD CARE EXPENSES CAN BE CONSIDERED, VERIFICATION IS NEEDED. A CHILD CARE VERIFICATION FORM IS ATTACHED WITH THIS MOTION, IT MUST BE FILLED OUT AND SIGNED BY PROVIDER.

ADDITIONAL COMMENTS	
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I DECLARE UNDER PENALTIES OF PERJURY THAT THE STATEMENTS ABOVE AND ON THE PRECEDING PAGES ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: _____ Date: _____

Signature: _____ Date: _____

STATE OF MICHIGAN
26TH JUDICIAL CIRCUIT
ALPENA COUNTY

CHILD-CARE VERIFICATION

CASE NO.

Friend of the court address

Telephone no.

719 W CHISHOLM ST ALPENA MI 49707

(989)354-9710

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.

It is your responsibility to return the completed form to the friend of the court.

Name

Name(s) and age(s) of child(ren) involved in this case

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider

Address

City

State

Zip

County

Area code and
Telephone no.

Name and Age of Child

School Year Rates

Average No. of Hours/Week

Hourly Rate

Total Weekly Rate

Name and Age of Child

Summer Season Rates

Average No. of Hours/Week

Hourly Rate

Total Weekly Rate

Do you require payment for services even when children are absent to guarantee a position in your center?
If yes, please explain.☐ Yes ☐ NoDoes 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 provide the agency name and amount contributed.☐ Yes ☐ NoThe information above is provided to enable the friend of the court to accurately report child-care costs in making a
child-support recommendation. I certify that the information provided above is true, accurate, and complete.

Date

Signature and title of provider