

Court address	Court telephone no.
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Distribute form to:
Court
Payer
Payee
Friend of the court

- ☐ 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: _____

- ☐ 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).

Referee signature and date