STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER DEVIATION ADDENDUM	CASE NO. and JUDGE
Court address		Court telephone no.
Plaintiff's name	V Defendant's name	

THE COURT FINDS:

1. Paragraph(s)(Paragraph number)	in the preceding pages of the uniform order deviate from the Michigan Child
_		

Support Formula and are warranted to avoid an unjust or inappropriate result.

2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that if the Michigan Child Support Formula were applied, the following would be ordered:

a. Payer, Support Recipient, and Children Supported Under the Order.

Payer:	Support recipient:
Children's names	Annual overnights with payer

b. Support Obligation.

Children supported	1 child	2 children	3 children	4 children	5 or more children	
Base Support: (incl	Base Support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$	
Premium adjust.	\$	\$	\$	\$	\$	
Subtotal:	\$	\$	\$	\$	\$	
Ordinary medical:	\$	\$	\$	\$	\$	
Child care:	\$	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	\$	
Benefit credit:	\$	\$	\$	\$	\$	
Total:	\$	\$	\$	\$	\$	
☐ Support was reduced because payer's income was reduced.						

C.	Ordinary Medical Expenses. Ordinary medical expenses are the support recipient's co-payments, deductibles
	and other uninsured medical-related costs for all children in this case. Annually, the ordinary medical expense
	amount to be shared between the parties is \$ The payer's portion of ordinary medical expenses is
	listed in the above grid.

	orm Child Support Order Deviation Addendum (12/24) 2 of 2		Case No	
Ū	I. Additional Medical Expenses. Additional me expenses that exceed the children's ordered a	nnual oi ual ordii	penses are the support recipient's out-of-pocket (uninsordinary medical expense amount and any of the support nary medical amount is listed in the paragraph above. If of all additional medical expenses.	rt
€	health-care expenses when that coverage is a reasonable cost is the parent's net cost of add	602) that ccessibling the o	t includes payment for hospital, dental, optical, and oth le to the child and available at a reasonable cost. The children to the parent's coverage	
	up to a maximum of \$ for pla not to exceed 6% of the plaintiff's/defendant		\square up to a maximum of \$ for defendant income.	nt.
3. <i>A</i>	Applying the Michigan Child Support Formula is u	unjust oi	inappropriate because: (Specify the deviation factors relied or	n.)
(;	The child support order deviates from the Michiga Specify which provisions of the child support formula create a rovisions.)		Support Formula as follows: or inappropriate result and explain how this order deviates from the	
5. 1	The value of property or other support awarded in	nstead d	of the payment of child support: (If not applicable, put none.)	
Plaint	iff (if consent/stipulation)	Date	Defendant (if consent/stipulation)	Date
Plaint	iff's attorney	Date	Defendant's attorney	Date
Prep	pared by: Name (type or print)			

NOTE: When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.