Approved, SCAO

1st copy - Other party 2nd copy - Moving party

3rd copy - Friend of the court 4th copy - Proof of service 5th copy - Proof of service

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

7	
A	
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CASE NO.

	COUNTY	MOTION REGAR	RDING SUPPORT		
Cou	ırt address			<u> </u>	Court telephone no.
B	Plaintiff's name, address, and telephone no	o moving party	Defendant's name, addre	ss, and telephone no.	moving party
	Third party name, address, and telephone	no moving party		was entered regardi	
			☐ b. There is	currently no order re	egarding support.
D	\square 2. The \square plaintiff \square defenda	int is ordered to pay	support of \$	ead	ch month.
E	igcap 3 . The $igcap$ plaintiff $igcap 4$ defenda	int is ordered to pay	child care of \$	ε	ach month.
F	\Box 4. The \Box plaintiff \Box defenda	nt is ordered to pay	health care of \$		each month.
G	5. Conditions regarding supportunity Use a separate sheet to explain in	<u> </u>		ots.	
H	○ 6. Name		and I have agreed	to support as follow	/s:
	Use a separate sheet to explain in	detail what you have agreed on	and attach. Include all necessa	ary facts.	
J	7. I ask the court to order that sup Use a separate sheet to explain in deta Date			tails.	
			HEARING		
	A hearing will be held on this moti	on before			Bar no.
K			at Location		
to	you require special accommodation help you fully participate in court pro e court, provide your case number(s	oceedings, please contac			
No	te: If you are the person receiving this	motion, you may file a respo	onse. Contact the friend of th	ne court office and req	uest form FOC 51.
		CERTIFICATE	OF MAILING		
	I certify that on this date I served mail addressed to the last-known			parties or their attor	neys by first-class

Date