STATE OF MICHIGAN

CASE	NO.	and	JU	D	GE
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JUDICIA	L CIRCUIT COUNTY		SUPPORT ORDER ADDENDUM		
ourt address					Court telephone no
laintiff's name			Defendant's name		
THE COURT FINDS:					
. Paragraph(s) (Specify pa	ragraph number	in the preceding p	pages of the uniform	order deviate from	the Michigan Child
Support Formula and a					
2. Pursuant to MCL 552.6	605(2). it has	been determined from	n the facts of this cas	se that:	
	. ,				in-in-
a. The child support ob	nigation that v	would be ordered by a	,	n Child Support For	mula is:
Payer:			Payee:		
Children's names and	annual overn Children's na	. ,		Overnights	
			'		
Children supported	1 child	2 children	3 children	4 children	5 or more children
Base Support: (include			-		
Support: \$		\$	\$	\$	\$
Premium adjust. \$		\$	\$	\$	\$
Subtotal: \$		\$	\$	\$	\$
Ordinary medical: \$		\$	\$	\$	\$
Child care: \$		\$	\$	\$	\$
Other: \$		\$	\$	\$	\$
Benefit credit: \$		\$	\$	\$	\$
Total: \$		\$	\$	\$	\$
☐ Support was reduce	ed because pa	ayer's income was red	duced.		
	•				
Uninsured Health-Ca	are Expense	s All uninsured he	alth-care expenses	exceeding the ann	nual ordinary medica
amount will be paid _					
the annual ordinary me					
request may be enforce					o or a writteri payirler
request may be emore	ca by the life	ing of the court. The al	indai ordinary medic	oai aiiiouiit is	

Uniform Child Support Order Deviation Addendum Page 2 of 2	(7/20)	Case No		
(Item 2 continued.)				
Health-Care Coverage. For the benefit of the coverage (as defined in MCL 552.602) that include that coverage is accessible to the child and a adding the children to the parent's coverage	s payment for h	nospital, dental, optical, and o	ther health-care expenses	
up to a maximum of \$ fo not to exceed 6% of the plaintiff's/defen			for defendant.	
b. Applying the Michigan Child Support Form	nula is unjust or	inappropriate because: (Spec	ify the deviation factors relied on.)	
c. The child support order deviates from the	Michigan Child	Support Formula as follows:		
(Specify which provisions of the child support formula provisions.)	a create an unjust	or inappropriate result and explain ho	ow this order deviates from the	
d. The value of property or other support awa	arded instead o	of the payment of child suppor	t: (If not applicable, put none.)	
Plaintiff (if consent/stipulation)	Date	Defendant (if consent/stipulation)		Date
Plaintiff's attorney	Date	Defendant's attorney		Date
Prepared 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.