

**STATE OF MICHIGAN
26th JUDICIAL CIRCUIT
ALPENA COUNTY****MOTION REGARDING SUPPORT****(A)****CASE NO.****aoeu****Court address**

Alpena County Courthouse, 720 W. Chisholm St., Alpena, MI 49707

Court telephone no.

(989) 354-9573

(B)

Plaintiff's name, address, and telephone no.

☒ moving partyBryce Willey
123 Fake St
Detroit, MI 12345

Third party name, address, and telephone no.

☐ moving party**v**

Defendant's name, address, and telephone no.

☐ moving partyoeueuo oeueuo
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oeueuo**(C)**1. ☒ a. On October 3, 2023 a judgment
Date

or order was entered regarding support.

☐ b. There is currently no order regarding support.**(D)**☒ 2. The ☐ plaintiff ☒ defendant is ordered to pay support of \$ 21.00 each month.**(E)**☒ 3. The ☐ plaintiff ☒ defendant is ordered to pay child care of \$ 12.00 each month.**(F)**☒ 4. The ☐ plaintiff ☒ defendant is ordered to pay health care of \$ 12.00 each month.**(G)**☐ 5. Conditions regarding support have changed as follows:

Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

(H)☒ 6. oeueuo oeueuo and I have agreed to support as follows:
Name

Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

See attachment

(I)7. I ask the court to order that support be paid as follows: ☒ See 6 above for details.

Use a separate sheet to explain in detail what you want the court to order and attach.

(J)October 5, 2023
Date/s/ Bryce Willey
Moving party's signature

(e-signed pursuant to MCR 1.109)

NOTICE OF HEARINGA hearing will be held on this motion before _____
Judge/Referee Bar no.**(K)**on _____ at _____ at _____
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

Note: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to the last-known addresses as defined in MCR 3.203.

(L)_____
Date_____
Moving party's signature

STATE OF MICHIGAN 26th JUDICIAL CIRCUIT ALPENA COUNTY	ATTACHMENT TO MOTION REGARDING SUPPORT	CASE NO. aoeu
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6. Plaintiff and Defendant agree to support as follows:

Plaintiff will pay child support to Defendant.

One minor child will be supported in this order.

The monthly base support amount will be \$123.00.

The monthly child care expense amount will be \$234.00.

The monthly ordinary medical expense amount will be \$3.00.

There will be an additional monthly expense amount of \$1,234.00 for aoeu.

The Plaintiff will get a monthly credit of \$123.00 for the Social Security dependent benefit received by the child.