## STATE OF MICHIGAN

CASE	NO.	and.	JU	DGE
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JUDICIA	AL CIRCUIT COUNTY	UNIFORM CHILI DEVIATIO				
ourt address						Court telephone no
laintiff's name			<b>v</b> De	fendant's name		
THE COURT FINDS:						
. Paragraph(s)(Specify pa	aragraph numbe	in the preceding	g pages	s of the uniform or	der deviate from	the Michigan Child
Support Formula and	are warranted	l to avoid an unjust o	or inapp	propriate result.		
. Pursuant to MCL 552.	605(2), it has	been determined fro	m the	facts of this case	that:	
a. The child support o	bligation that	would be ordered by	√ applyi	ng the Michigan (	Child Support For	mula is:
Payer:				Payee:		
Children's names and	annual overn	nights with naver				
	Children's na	. ,			Overnights	
				<u> </u>		
Children supported	1 child	2 children		3 children	4 children	5 or more children
Base Support: (includ			n adjus	-		
Support: \$		\$	\$		5	\$
Premium adjust. \$		\$	\$	3	\$	\$
Subtotal: \$		\$	\$		∳ \$	\$
Ordinary medical: \$		\$	\$		Ψ	\$
Child care: \$		\$	\$		\$	\$
Other: \$		\$	\$		<b>5</b>	\$
Benefit credit: \$		\$	\$		\$	\$
Total: \$		\$	\$		\$	\$
□ Support was reduce	ed because p	ayer's income was r	educed	d.		
11 1 11 12 2		A.II	101		p. 41	1 11 11 11
Uninsured Health-C						
amount will be paid _						
the annual ordinary m						s of a written paymen
request may be enforce	ced by the frie	end of the court. The	annual	ordinary medical	amount is	

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(Item 2 continued.)				
coverage (as defined in MCL 552.602) that includes paymen	nt for I	☐ plaintiff ☐ defendant shall maintain health-care hospital, dental, optical, and other health-care expense asonable cost. The reasonable cost is the parent's net	s when	
up to a maximum of \$ for plaintiff.  not to exceed 6% of the plaintiff's/defendant's gr				
b. Applying the Michigan Child Support Formula is un	ijust oi	r inappropriate because: (Specify the deviation factors relied o	n.)	
c. The child support order deviates from the Michigan	n Child	l Support Formula as follows:		
(Specify which provisions of the child support formula create an provisions.)	unjust	or inappropriate result and explain how this order deviates from the		
d. The value of property or other support awarded ins	tead o	of the payment of child support: (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.