Approved, SCAO

3rd copy - Friend of the court 4th copy - Proof of service 5th copy - Proof of service 1st copy - Other party 2nd copy - Responding party

STATE OF MICHIGAN JUDICIAL CIRCUIT

RESPONSE TO

(A)	CASE NO.

	COUNTY	MOTION REGA	RDING SUPPORT	
Co	urt address			Court telephone no.
В	Plaintiff's name, address, and telephone no	. moving party	Defendant's name, addre	ss, and telephone no moving party
	Third party name, address, and telephone r	no.		was entered regarding support. currently no order regarding support.
D T		t is ordered to pay su	pport of \$	each week, month, etc.
E)	☐ 3. The ☐ plaintiff ☐ defendan		ild care of \$	each week, month, etc.
F)	☐ 4. The ☐ plaintiff ☐ defendan	t is ordered to pay he	alth care of \$	each week, month, etc.
H		motion. motion. you did agree on. Include all asked for in the motion. being asked for in the n	notion and ask the court to	sheet of paper if needed. order that support be paid as follows: order. Use a separate sheet of paper if needed.
J	Date	CERTIFICAT	Responding party's signature E OF MAILING	
(K)	I certifiy that on this date I served a their last-known addresses as defin		on the parties or their attor	neys by first-class mail addressed to
	Date		Responding party's signature	