

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MOTION REGARDING SUPPORT</b>	<b>(A) CASE NO.</b>
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Court address

Court telephone no.

**(B)** Plaintiff's name, address, and telephone no.  moving party

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Third party name, address, and telephone no.  moving party

Defendant's name, address, and telephone no.  moving party

**(C)** 1.  a. On \_\_\_\_\_ 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 \$ \_\_\_\_\_ each month.

**(E)**  3. The  plaintiff  defendant is ordered to pay child care of \$ \_\_\_\_\_ each month.

**(F)**  4. The  plaintiff  defendant is ordered to pay health care of \$ \_\_\_\_\_ 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. \_\_\_\_\_ 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.

**(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)** \_\_\_\_\_  
Date Moving party's signature

**NOTICE OF HEARING**

A 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

**ATTACHMENT TO MOTION REGARDING SUPPORT**

6. I ask the court to order the defendant to pay child support as follows:

A monthly base support amount of \$66.00.

A monthly child care expense amount of \$44.00.

A monthly ordinary medical expense amount of \$24.00.