

**Mecosta County Friend the Court
400 Elm Street
P.O. Box 508
Big Rapids, MI 49307
(231) 592-0115**

MOTION REGARDING SUPPORT – FOC 50

USE THIS FORM IF:

- ◆ You have a pending case for divorce, separate maintenance, paternity, or family support; or
- ◆ You have a judgment of divorce, separate maintenance, or an order of filiation but support was not included; or
- ◆ You already have a support order through this office and you want the court order reviewed/changed.

By using this form, you are **representing yourself** in a court action regarding child support issues. You must follow these instructions carefully and fill out the form completely.

NOTE: *Regardless of the amount of support you are requesting, the court is required to use the Michigan Child Support Guidelines in determining the correct amount, unless the court finds that using the Guidelines would be unjust or inappropriate.*

INSTRUCTIONS:

- A.** Before you fill in the Case No., get your court papers for divorce, separate maintenance, paternity, or family support and copy the Case No. from those court papers onto this form.
- B.** Also use your court papers to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from the court papers onto this form. For example, if your name is in the box that says "plaintiff", then you should write your name in the "plaintiff" box on this motion form.

You are the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as your name.

- C. Check only one box.** If you have a judgment or order for divorce, separate maintenance, paternity, or family support, read it carefully to find out if there is any information in it about support. If there is information about support, check box a. If there is no information about support, check box b.
- D – F.** Check these boxes only if you checked box a. in "C" above. Read your court papers for divorce, separate maintenance, paternity, or family support to find out who was ordered to pay support, child care, and health care; how much; and how often. Write this information here.

- G.** Check this box only if you checked box a. in “**C**” above and conditions have changed that require a change in support. Explain in as much **detail** as possible what has happened. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. (You will need **3 Copies** of this sheet to attach to **3 Copies** of this form).
- H.** Check this box if you and the other party have agreed to start support or make changes in the support. Explain in as much **detail** as possible what you have agreed on. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. (You will need **3 Copies** of this sheet to attach to **3 Copies** of this form)
- I.** You need to explain in as much **detail** as possible what you want the court to order. If you checked “**H**” above, check the box “Same as 6. Above”. Otherwise, write in the details. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. (You will need **3 Copies** of this sheet to attach to **3 Copies** of this form)
- J.** Write in today’s date and sign your name.
- K.** To obtain a hearing date you will first need to go to the County Clerk’s Office and pay the \$20 filing fee and \$40 order entry fee, **total of \$60**. With your receipt and copies of the Motion go to the Friend of the Court Office to get a hearing date, and fill in this information on all copies.
- L.** On the date that you file this Motion, complete the certificate of mailing on all of your copies. File the Original with the County Clerk, a copy goes to the Friend of the Court Office, a copy is mailed to the other party along with the Response Form and Instructions for the Response, and keep a copy for yourself.

This Motion, including Notice of Hearing, must be served at least 9 days (not including holidays) before the hearing date. They may be served by regular, first class mail.

You must attend this hearing. Since you are representing yourself, you are expected to follow the same general rules as an attorney would. Check in at the Friend of the Court office on the scheduled date and time, 10 to 15 minutes early. Dress neatly. Be prepared to spend most of the morning or afternoon in court. If you feel you need to subpoena someone to this hearing you will need to follow the procedures in the Michigan Court Rule 2.506 or consult an attorney. **Bring all supporting documents, evidence and witnesses with you.**

It is your responsibility to provide supporting facts for your request. **You will need to submit 5 days prior to the hearing date COPIES of the last 2 years of income tax returns (all pages), W-2 forms, 4 current pay check stubs, copies of any/all medical insurance cards issued for the benefit of your child(ren).**

THE FRIEND OF THE COURT OFFICE WILL NOT REPRESENT YOU OR THE OTHER PARTY.

After the hearing, the Friend of the Court Referee will make a Recommendation. If no Objection is filed within **21 days** of the proof of mailing, the Recommendation will become an Order of the Court.

49th CIRCUIT COURT - FAMILY DIVISION

Honorable Marco S. Menezes

Family Court Judge



MECOSTA COUNTY
Mecosta County Courthouse
400 Elm Street
Big Rapids, MI 49307
Phone: (231) 592-0135
Fax: (231)-592-0191

OSCEOLA COUNTY
Osceola County Courthouse Annex
410 West Upton
Reed City, MI 49677
Phone: (231) 832-6127
Fax: (231) 832-6181

POLICY ON DE NOVO JUDICIAL HEARINGS FOLLOWING OBJECTIONS TO FOC REFEREE RECOMMENDATIONS

The following policy is adopted by the Family Division of the 49th Circuit Court, pursuant to MCL 552.507 and MCR 3.215, in order to preserve the resources of litigants and of the Court:

1. **Request for De Novo Hearing:** Following referee hearings in domestic relations matters, a party wishing to object to any recommendation made by the Referee shall, within 21 days after the recommended interim order is served on the parties, file written objections with the Court, and request a judicial hearing.

a. Service: The objecting party shall serve copies of written objections on the opposing party and on the Friend of the Court.

b. Contents: Objections shall include a clear and concise statement of specific errors of law or clearly erroneous findings of fact made at the Referee level. Matters not specifically objected to will not be considered by the Court. Objection forms shall be made available at the FOC office.

c. Transcripts: The objecting party shall contact the office of the Friend of the Court to request preparation of a transcript of the referee hearing. The transcript shall be submitted to the court for review prior to the scheduled *de novo* hearing. Unless waived by the court pursuant to paragraph 3, the costs of transcription shall be paid in full by the objecting party before the transcript is prepared. If payment in full is not received at least 2 weeks prior to the scheduled judicial hearing, the objection will be deemed withdrawn and the hearing will be cancelled.

d. Pre-Hearing Conference: Upon request, the Court may schedule a pre-hearing conference, as necessary to advance the purpose of this policy.

2. **Scope and Form of Review:** The Court will consider the written objections and Referee hearing transcript and determine the scope and form of its *de novo* review. Depending on the circumstances of each case, the court's review and decision may:

a. Be based entirely upon the record of the referee hearing (including any memoranda, recommendations or proposed orders by the referee); or

b. Be based in part on the entire record of the referee hearing, supplemented by relevant new evidence that was not introduced at the referee hearing. Requests to supplement the

record shall be made by verified motion filed with the written objections, establishing that the proposed new evidence was not available at the time of the referee hearing. On a sufficient showing, a “live” judicial hearing will be scheduled to supplement the record with such new evidence; or

c. Be based entirely upon evidence presented at a “live” judicial hearing.

3. Transcription Costs. Indigence: If the party seeking review prevails, the cost of the transcript will be apportioned equally between the parties; if he/she fails to change the outcome of the Referee hearing, the cost is completely paid by the party who sought the judicial hearing. On a showing of indigence, the Court may waive the transcription costs incurred or apportioned to any party.

4. Frivolous Objections: If the court determines that an objection is frivolous or has been interposed for the purposes of delay, the court may assess reasonable costs and attorney fees. MCR 3.215(F)(3).

STATE OF MICHIGAN
49TH **JUDICIAL CIRCUIT**
MECOSTA COUNTY

MOTION REGARDING SUPPORT

(A) CASE NO.

Court address
400 ELM ST, PO BOX 508, BIG RAPIDS, MI 49307

Court telephone no.
(231) 592-0115

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

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

v

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 _____ .
week, month, etc.

(E) 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____ .
week, month, etc.

(F) 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____ .
week, month, etc.

(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 Referee, David P. Oostdyk
Judge/Referee

(K) on _____ at _____ at Friend of the Court, 400 Elm St, Big Rapids, MI 49307 .
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