

**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.

**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

**(A)** 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  
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