

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

**RESPONSE TO MOTION REGARDING SUPPORT – FOC 51**

**USE THIS FORM IF:**

- ◆ You get a copy of FOC 50, Motion Regarding Support. By filling out this form, you are **answering** the statements made in the motion by the other party.

**It is your responsibility to provide supporting facts for your response. 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).**

**INSTRUCTIONS:**

- A.** Before you fill in the Case No., get your copy of the Motion Regarding Support (FOC 50) and copy the Case No. from that paper onto this form.
- B.** Also use the motion to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from the motion 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 response form.

The other party is the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as the other party's 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, how much, and how often. Write this information here.

- G.** Check this box only if “**G**” is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box “do not agree”, explain in as much **detail** as possible what you do not agree with and why. Print this information as neatly as you can. If you need more space, use a separate sheet of paper. (You will need **3 copies** of this sheet to attach to **3 copies** of this form).
- H.** Check this box only if “**H**” is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box “do not agree”, explain in as much **detail** as possible what you did agree on. If you need more space, use a separate sheet of paper. (You will need **3 copies** of this sheet to attach to **3 copies** of this form).
- I.** Check this box only if “**H**” is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box “do not agree”, explain in as much **detail** as possible what you did agree on. If you need more space, use a separate sheet of paper. (You will need **3 copies** of this sheet to attach to **3 copies** of this form).
- J.** Write in today’s date and sign you name.
- K.** On the date that you file this Response, complete the certificate of mailing on all of your copies. File the Original with the clerk’s office, a copy goes to the Friend of the Court Office, mail 1 copy to the other party, and keep 1 copy for yourself.

The Response to the Motion Regarding Support along with copies of any separate sheets need to be mailed to the other party at least **5 weekdays** (not including holidays) before the hearing date.

**You must attend this hearing. Since you are representing yourself, you are expected to follow the same general rules as an attorney would. 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.**

**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.

# 49<sup>th</sup> 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 49<sup>th</sup> 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

**RESPONSE TO  
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. I  agree  do not agree that conditions regarding support have changed as stated in the motion.  
Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

**(H)**  6. I agreed with the other party to start/change support:  
 a. exactly as stated in the motion.  
 b. but not as stated in the motion.  
If b. is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

**(I)** 7.  a. I agree with what is being asked for in the motion.  
 b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:  
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

**(J)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this response on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

**(K)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature