Approved, SCAO

Original - Court
1st copy - Plaintiff

2nd copy - Defendant
3rd copy - Friend of the Court

STATE OF MICHIGAN 50th JUDICIAL CIRCUIT Chippewa COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF COURT SERVICES (PAGE 1) ☑ MODIFICATION	CASE NO.

Court address 319 Court Street, Sault Ste. Marie, MI 49783

FAX no.

Court telephone no. (906) 635-6338

Plaintiff's name, address, and telephone no.	v	Defendant's name, address, and telephone no.
Plaintiff's attorney name, address, telephone no., and bar no.		Defendant's atttorney name, address, telephone no., and bar no.
Plaintiff's source of income name, address, and telephone no.		Defendant's source of income name, address, and telephone no.

UNLESS OTHERWISE ORDERED in item 9: ☐ standard provisions have been modified (see item 9)

1. This order continues until each child is age 18 or graduates from high school, as provided by MCL 552.605b, whichever is later, but no longer than age 19 1/2. Child care for each child terminates effective September 1 following each child's 12th birthday.

2. **Child Support.** The payer has a monthly child support obligation as follows:

Payer:	Payee:	Support eff. date: Child care eff. date:
Children's names and birth dates:		

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base support:	$	$	$	$	$
Ordinary medical:	$	$	$	$	$
Child care:	$	$	$	$	$
Other:	$	$	$	$	$
Total:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

☐ Base support shall abate 50% after 6 consecutive overnights with the payer.
☐ Base support includes a net health care premium adjustment of $_____, ☐ subject ☐ not subject to abatement.
☐ Support was set based on the shared economic responsibility formula using _____ overnights of parenting time for the payer.
The above ordered support provisions ☐ do ☐ do not follow the child support formula.

3. **Insurance.** For the benefit of the children, ☐ plaintiff ☐ defendant shall maintain health care coverage through an insurer [as defined in MCL 552.602(o)] that includes payment for hospital, dental, optical, and other medical expenses when that coverage is available through an employer or under an existing individual policy at the following reasonable cost:
☐ up to a maximum of $_____ for plaintiff. ☐ up to a maximum of $_____ for defendant.
☐ not to exceed 5% of the plaintiff's/defendant's gross income.

4. **Uninsured Medical Expenses.** All uninsured health care expenses exceeding the ordinary medical amount will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by filing a motion with the court. The ordinary medical amount is $ _____ year.

(see Page 2 for remainder of order)

MCL 552.14, MCL 552.517, MCL 552.517b(3), MCR 3.211

Approved, SCAO

Original - Court
1st copy - Plaintiff

2nd copy - Defendant
3rd copy - Friend of the Court

STATE OF MICHIGAN 50th JUDICIAL CIRCUIT Chippewa COUNTY	UNIFORM CHILD SUPPORT ORDER NO FRIEND OF COURT SERVICES (PAGE 2) ☐ MODIFICATION	CASE NO.

Court address: 319 Court Street, Sault Ste. Marie, MI 49783

FAX no.

Court telephone no.: (906) 635-6338

Plaintiff's name

v

Defendant's name

5. **Qualified Medical Support Order.** This order is a qualified medical support order under 29 USC 1169.

6. **Retroactive Modification and Liens for Unpaid Support.** Support is a judgment the date it is due and is not modifiable retroactively. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.

7. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: a) their mailing or residence address and telephone number; b) the name, address, and telephone number of their sources of income; c) their health maintenance or insurance company, insurance coverage, persons insured, or contract number; d) their occupational or driver licenses; and e) their social security number unless exempt by law under MCL 552.603.

8. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved.

9. **Other: (attach separate sheets as needed)**

Approved by: _____
Thelma S. Bosbous, Friend of the Court

IT IS SO ORDERED.

Plaintiff (if consent/stipulation) _____ Date

Defendant (if consent/stipulation) _____ Date

Date _____

Judge _____ Bar no.

CERTIFICATE OF MAILING

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

Date _____

Signature _____

MCL 552.14, MCL 552.517, MCL 552.517b(3), MCR 3.211