

STATE OF MICHIGAN  
38TH JUDICIAL CIRCUIT  
MONROE COUNTY

FORM A  
MOTION TO  
CHANGE SUPPORT

CASE NO.

(1)

Court Address: 106 E. First St., PO Box 120, Monroe, MI 48161

Court Telephone No: (734) 240-7180

Plaintiff's name, address and telephone no. (2)

Please neatly print or type information.

CIRCUIT COURT JUDGE (4)

I, \_\_\_\_\_ (5),

Name of party filing motion

state:

1. In this matter the (6)  plaintiff  defendant is currently ordered

to pay support in the amount of

\$ \_\_\_\_\_ each \_\_\_\_\_ .

(7)

(8) week, month, ect.

2. Conditions regarding support have changed as follows: (9) \_\_\_\_\_

REQUEST:

3. The support order be changed to \$ \_\_\_\_\_ (10) each week or an amount the court finds fair and equitable.

4. Other support provisions be changed as follows: (11) \_\_\_\_\_

I declare that the above statements are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Date (12)

\_\_\_\_\_  
(13) Signature of party filing motion

**NOTICE OF HEARING**

A hearing will be held on this motion before **KIRK D. MCMULLEN, REFEREE** on:

Name of Judge or Referee (14)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ am/pm  
Month (15) Date (16) Year (17) Time (18)

**at the Monroe Co. Friend of the Court 106 E. First St., Monroe, MI.**

Location

**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this motion and notice of hearing to the other party at the address stated above, filed the original at the Monroe County Circuit Court, and served a copy to the Monroe County Friend of the Court.

Date (19)

Signature (20)

**LOCAL FOC 85 (10/96) MOTION REGARDING SUPPORT**

\_\_\_\_\_  
Typed / Printed Name (21)

**MCL 552.14; MSA 25.94; MCR 2.119**

FORM B

STATE OF MICHIGAN  
38TH JUDICIAL CIRCUIT  
MONROE COUNTY

FRIEND OF THE COURT  
CASE QUESTIONNAIRE  
Page 1

CASE NO.

COURT ADDRESS: 106 East First Street, PO Box 120, Monroe, Michigan 48161

TELEPHONE: (734) 240-7180

Plaintiff Name	<b>v</b>	Defendant Name
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<b>GENERAL INFORMATION</b>
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1. Your Full Name		2. Date of Birth		3. Place of birth: City and State	
4. Address		City	State	Zip Code	5. Home Telephone
6. Social Security Number		7. Drivers License Number		8. Work Telephone	
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye Color	11. Hair Color	12. Height	13. Weight	14. Race
15. Scars; tattoos, etc.					
16. Your Father's Full Name			17. Your Mother's Full Maiden Name		
18. Names of all your children		Birthdate	Soc. Sec. No.	Address	

19. Are you or the other parent in this case pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete a. and b. below.					
a. When is the child due?		b. Are the parties in this case the biological parents of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (IF KNOWN)</b>
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20. Full Name		21. Date of birth		22. Place of birth: City and State	
23. Address		City	State	Zip Code	24. Home Telephone
25. Social Security Number		26. Driver's License Number		27. Work Telephone	
28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Eye Color	30. Hair Color	31. Height	32. Weight	33. Race
34. Scars; tattoos, etc.					
35. His/Her Father's Full Name			36. His/Her Mother's Full Maiden Name		
37. Names of all his/her dependent children		Birthdate	Soc. Sec. No.	Address	

**INCOME INFORMATION**

38. Your Occupation		39. Your employer (if unemployed, name of last employer)	
40. Employer's address	City	State	Zip Code
42. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly			41. Date Hired
44. Hourly pay rate (including shift premium and COLA)		45. total regular hours worked per pay period	46. Avg. overtime hours for past 12 months
47. Second Job		48. Employer	
49. Employer's Address	City	State	Zip Code
51. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly		52. Hourly pay rate	53. Avg. of hours worked per pay period since hire date

54. List MONTHLY income from all other sources, such as:

Commissions _____	Social Security Benefits _____
Bonuses _____	V.A. Benefits _____
Profit Sharing _____	Disability Insurance _____
Interest _____	G.I. Benefits _____
Dividends _____	Nat'l Guard & Res. Drill Pay _____
Annuities _____	Armed Services _____
Pensions/Longevity _____	Allowance for Rent _____
Deferred Compensation/IRA _____	Rental Income _____
Trust Funds _____	Spousal Support/Alimony _____
Unemployment Benefits _____	General Assistance _____
Strike Pay _____	AFDC _____
SUB Pay _____	Supplemental Security Income/SSI _____
Sick Benefits _____	Other _____
Workers Compensation _____	

55. Do you have any other alimony or child support orders?  No  Yes, as payer  Yes, as recipient  
If so, compete a. b. and c.

a. Amount of order (do no included arrearages)	b. Type of Order / Case No.	c. City, County and State
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56. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents?  
 No  Yes  If yes, how many stepchildren do you support \_\_\_\_\_  
If yes, state the reason the stepchildren's mother is unable to provide support:  
\_\_\_\_\_  
\_\_\_\_\_  
If yes, state the reason the stepchildren's father is unable to provide support:  
\_\_\_\_\_  
\_\_\_\_\_

57. Do any of the children listed on item 18 receive payments from the Social Security Administration?  Yes  No

Child's Name	Amount (monthly)	Type of benefit (check one)		Source of dependent benefit (Mother, Father, Stepparent)
		SSI	Dependent Benefit	

58. Attach your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earning, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

**INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)**

59. Occupation		60. Employer (if unemployed, name of last employer)		
61. Employer's address	City	State	Zip Code	62. Hourly pay rate (including shift premium and COLA)
63. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly				64. Avg. overtime hours for past 12 months

**HEALTH CARE INFORMATION**

65. Medical Insurance company name	Policy number	Beginning date, if known			
66. Dental Insurance company name	Policy number	Beginning date, if known			
67. Optical Insurance company name	Policy number	Beginning date, if known			
68. What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical					
69. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period) <input type="checkbox"/> Medical \$ <input type="checkbox"/> Dental \$ <input type="checkbox"/> Optical \$					
70. Individuals currently covered by your insurance					
Name	Birthdate	Relationship	Medical (✓)	Dental (✓)	Optical (✓)
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

**CHILD CARE INFORMATION**

71. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information:			
Name of child care provider	Names of children receiving child care		
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year		
Current weekly child care cost	Amount of child care credit received on last year's I.R.S. tax return		
72. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each			
<b>Reason</b>	<b>Estimated no. of hours per week</b>		
<input type="checkbox"/> Work Related	_____		
<input type="checkbox"/> Looking for employment	_____		
<input type="checkbox"/> Enrolled in educational program to Improve employment opportunities	_____		
73. If your reason for child care is education related, provide the following information:			
Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date
_____	_____	_____	_____

**INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT**

74. If unemployed and not receiving unemployment or worker's compensation benefits, or working part time only, provide the following information:

Name of last full time employer	Address of last full time employer
Position held at last place of full time employment	Last day employed full time
Length of time employed in last full time position	Reason for leaving last full time employment

Gross earnings per pay period at last place of full time employment (earnings before taxes)

\$ \_\_\_\_\_  weekly  bi-weekly  bi-monthly  monthly

75. Do you have any medical conditions/restriction that affect your ability to work?  Yes  No

If yes, please explain medical condition/restriction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. What is your educational background? (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Trade School Graduate | <input type="checkbox"/> Associates Degree    |
| <input type="checkbox"/> Bachelor's Degree     | <input type="checkbox"/> Graduate Degree      |

**I declare that the Information in this questionnaire is true to the best of my information, knowledge, and belief.**

**I hereby request child support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I understand that any information provided to me or on my behalf or to be used for the purpose of establishing paternity or securing child support.**

**I hereby authorize and direct my employer and/or physician to release all wage/medical information requested by the Monroe County Friend of the Court.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
, Notary Public  
\_\_\_\_\_ County, Michigan

**My Commission Expires: \_\_\_\_\_**

**Reminder List:**

Have you signed this questionnaire?

Have you had this questionnaire notarized?

Have you attached your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deduction and year to date earnings?

Have you attached a copy of your last federal and state income tax returns, including all schedules? If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

Attach any additional information that may be useful to the Friend of the Court in making a support recommendation.

Retain a copy of this form for your own records. Return the original to the Friend of the Court office.