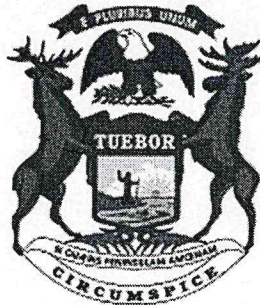


Circuit Judge
Ronald J Schafer
Suzanne Hoseth Kreeger
Montcalm County

THE CIRCUIT COURT
FOR



The Eighth Judicial

Circuit of Michigan

Office Of
Monica J Tissue-Daws
Friend of the Court/Referee
PO Box 305
Stanton, Michigan 48888
Phone (989) 831-7332
Fax (989) 831-7376

Dear Client,

The Montcalm County Friend of the Court Office (FOC) received a request from you for a review of your child support. By filing this motion and using the instructions, you are representing yourself in a court action (In Pro Per) and stating you do not have legal representation. If you already have an attorney retained, for any reason, it is **your responsibility** to get his/her signature on the motion before filing this motion.

INSTRUCTIONS FOR FILLING OUT MOTION:

- A. **Do Not use pencil or colored ink**— other than black or dark blue. All five (5) sections **must** be completed correctly (including #2 a reason why you want this motion) or your motion will be returned to you or denied.
- B. A black line has been drawn on the form. You must complete all the information **above the black line only**. A representative of the Friend of the Court will complete information below the black line.
- C. **Please make sure that you have the Plaintiff and Defendant filled out correctly or your motion will be returned to you.** Please note that the Plaintiff is the person who originally filed the case. If you are not sure who is the Plaintiff or Defendant, please contact our office to verify the same.

FILING A MOTION TO CHANGE SUPPORT:

1. Unless otherwise indigent, before motions can be filed, the filing fee **MUST be paid in full**. On pre-judgment cases, the filing fee is \$20.00, and on post-judgment cases, the filing fee is \$60.00. The filing fee **must** be a cashier's check or money order payable to the "County Clerk," not the FOC. We cannot accept personal checks or cash.
2. The **original** document and filing fee **MUST** be turned in to the FOC office. The FOC will file the motion with the Clerk and send out notice of hearing to all parties.
3. At the time of the hearing, you will need to provide several pay stubs (if working) and/or a statement concerning your source(s) of income. You will also need a copy of your most recent Federal Tax Return.

NOTE: You must appear to argue your motion. Should you fail to appear for the hearing, your motion will most likely be dismissed and you will be assessed \$100.00 court costs and will be unable to file another motion to change child support for six (6) months, absent exigent circumstances.

Sincerely,

Montcalm County Friend of the Court

STATE OF MICHIGAN
8TH JUDICIAL CIRCUIT
MONTCALM COUNTY

MOTION
TO CHANGE SUPPORT ORDER

CASE NO.

Friend of the Court, 629 N. State St., PO Box 305, Stanton, MI 48888

ph. (989) 831-7332

fax (989) 831-7376

Please print or type information:

Plaintiff's name and address,

I, _____,

Name of party filing motion

state as follows:

1. In this matter the _____ Plaintiff
_____ Defendant is currently ordered
to pay support in the amount of
\$ _____ each _____
week/month/etc.
2. Conditions regarding support have changed as follows:

Defendant's name and address,

I REQUEST:

- _____ 3. The support order be changed to \$ _____ each week/month or an amount the Court finds fair and equitable.
- _____ 4. Other support provisions to be changed as follows: That _____ Plaintiff _____ Defendant be required to provide
medical insurance for the minor child/ren if reasonably available through employment or at little or no extra cost.
- _____ 5. _____ I have retained an attorney. _____ I do not have an attorney.

I declare that the above statements are true to the best of my information, knowledge and belief. I also understand that if I fail to appear for the scheduled hearing, I may be assessed \$100.00 court costs and will not be able to file another motion to change support for six months.

Date

Signature of party filing motion

Date

Signature of attorney

The party receiving, not requesting, this motion may ask the Friend of the Court for a form to answer this motion.

NOTICE OF HEARING

A hearing will be held on this motion before: MONICA J. TISSUE-DAWS, REFEREE on

_____ at _____ at Friend of the Court, 629 N. State St., Stanton, MI 48888.

Date

Time

CERTIFICATE OF MAILING

I hereby certify that on this date I mailed a copy of the notice of hearing to the parties and to the attorneys listed above to their last known addresses by ordinary mail.

Date

Friend of the Court Representative