

Circuit Judge  
**Ronald J Schafer**  
**Suzanne Hoseth Kreeger**  
Montcalm County

**THE CIRCUIT COURT  
FOR**



The Eighth Judicial

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

Circuit of Michigan

The Montcalm County Friend of the Court Office (FOC) received a request from the parties to stipulate to a change in child support. By filling out this motion and using the instructions, you are representing yourself in a court action (In Pro Per) and stating that you do not have legal representation. If you already have an attorney retained (for any reason), you cannot file this motion.

**INSTRUCTIONS FOR FILLING OUT MOTION:**

- A. **Do not use pencil or colored ink** - other than black or dark blue. All sections must be completed correctly, or your motion will be returned to you or denied. **Please note: The Plaintiff is the person who filed the original complaint.**
- B. Complete all information as applicable **ABOVE** the Notice of Appointment/Hearing. A representative will complete the Notice of Appointment/Hearing and the Certificate of Mailing.

**FILING A MOTION TO CHANGE CHILD SUPPORT:**

1. Unless otherwise indigent before the motion can be filed, the filing fee **MUST** be paid in full. For pre-judgment cases, the filing fee is **\$20.00**. For post-judgment cases, the filing fee is **\$60.00. No cash or personal checks will be accepted.** The cashier's check or money order must be made payable to "County Clerk," not the FOC.
2. The **ORIGINAL** document and filing fees **MUST** be turned into the FOC office. The FOC will file the motion with the Clerk and send out notice of appointment/hearing to all parties.

At the time of the appointment/hearing you will need to provide several pay stubs (if working) and/or a statement concerning your source(s) of income. You will need a copy of your most recent Federal Tax Return.

**NOTE:** Both parties **MUST** appear for the scheduled appointment/hearing. Should you fail to appear for the appointment/hearing, your motion may be dismissed, and you may be assessed up to \$100.00 in court costs and be unable to file another motion for six (6) months.

**FRIEND OF THE COURT POLICY REGARDING AGREEMENTS  
BETWEEN PARTIES TO MODIFY CUSTODY, PARENTING TIME  
AND/OR CHILD SUPPORT ORDERS OF THE COURT**

The Montcalm County Friend of the Court (FOC) regrets to inform you that our office is no longer able to provide stipulated/agreement orders due to changes in the law. It is recognized that often clients are able to come to agreements. Therefore, it is our intent to assist clients in these situations by offering a process for approval and entry of stipulated agreements when the parties are able to do so. This means that the Judge will sign the order without having a hearing on it.

To obtain entry of an order that parties agree upon, you must file a motion with the Court. It will then be scheduled for an appointment and/or hearing with the FOC Office. If an appointment is scheduled, the parties will meet with a representative and an order will be drafted requiring signature from both parties. If a stipulation regarding custody and/or parenting time cannot be reached by the parties during the scheduled appointment, then a hearing **WILL NOT** commence following completion of the appointment. A motion regarding disputed custody and/or parenting time will have to be filed at a later time.

Effective October 1, 2004, 2004 PA 205 was passed, which established fees for entry of orders involving custody, parenting time and child support. These fees apply only to post-judgment orders, including stipulations. A cost of \$40.00 is required for entry of an order regarding child support or \$80.00 for entry of an order regarding custody or parenting time. Again, these judgment fees only apply to post-judgment cases. In addition, there is a \$20.00 motion fee that must be paid as well. Therefore, the total cost for child support motions only on post-judgment cases is \$60.00 and the total cost for custody and/or parenting time motions is \$100.00. **MONEY ORDERS OR CASHIER'S CHECKS ONLY AND PAYABLE TO THE "COUNTY CLERK," NOT THE FOC. NO CASH OR PERSONAL CHECKS ALLOWED.** This cost will be assessed when filing a motion or a stipulated/agreement order. If the FOC representative prepares the order, the total fees above will be assessed.

If the parties are able to agree and **provide a written, stipulated order for entry at the time of the appointment and it meets legal standards and is approved**, the judgment fee will be returned. If the matter necessitates a hearing before the Referee, the judgment entry fee will be required on all post-judgment cases. The \$20.00 motion fee is mandated in either situation.

Please read the instructions on the previous page. If they are not strictly complied with, your motion will be returned, and an appointment/hearing will NOT be scheduled.

<b>STATE OF MICHIGAN 8<sup>TH</sup> JUDICIAL CIRCUIT COURT MONTCALM COUNTY</b>	<b>STIPULATED MOTION TO CHANGE SUPPORT ORDER</b>	<b>FILE NO.</b>
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FRIEND OF THE COURT, 629 N. STATE ST., PO BOX 305, STANTON, MI 48888

PH. (989) 831-7332

Plaintiff's name, address and telephone no.	Defendant's name, address and telephone no.
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In this matter, the **Plaintiff/Defendant** is currently ordered to pay child support in the amount of \$ \_\_\_\_\_  
each \_\_\_\_\_.  
week, month, etc.

**WE REQUEST:**

- \_\_\_\_ 1. The support be changed to \$ \_\_\_\_\_ each **week/month** or an amount the Court finds fair and equitable.
- \_\_\_\_ 2. Other support provisions be changed as follows:  
\_\_\_\_ Both parties shall provide health insurance if available through employment or at minimal expense.  
\_\_\_\_ We agree that \_\_\_\_\_ mother's \_\_\_\_\_ father's arrearage in the amount of \$ \_\_\_\_\_ be cleared.  
Other:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**NOTICE OF APPOINTMENT/HEARING**

An appointment/hearing is scheduled with \_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_ a.m./p.m. at the Montcalm County Friend of the Court Office, 629 N. State St., Stanton, MI 48888.

**CERTIFICATE OF MAILING**

I certify that on this date, I mailed a copy of this motion and notice of appointment/hearing to the parties listed above to their last known address by ordinary mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Friend of the Court Representative

# **CLIENT INFORMATION SHEET**

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City & Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Michigan ID#: \_\_\_\_\_

## **Insurance Information**

Name of Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## **Employment Information**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Temp Service: \_\_\_\_\_ If Yes, Name of Temp Service: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Method of Pay: Payroll check: \_\_\_\_\_ or Cash: \_\_\_\_\_

## **Nearest Relative:**

Name of Nearest Relative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_