

**PETITION REGARDING CHILD SUPPORT
AND UNINSURED HEALTH CARE PERCENTAGE**

**SAGINAW COUNTY FRIEND OF THE COURT
FORM 20**

Use this Petition if:

This petition is to be used **ONLY** to modify a child support obligation. “Child support obligation” means the amount that you are **CHARGED** each week or month and **NOT** the total amount you **PAY**. The total paid may include child support, arrearages, uninsured health care costs, and/or FOC fees.

You cannot file this petition to:

- Modify an alimony obligation.
- Lower or raise arrearage payments on your child support or alimony arrearages.
- Lower or raise the total amount of income withholding order (IWN).
- Obtain an order for payment of uninsured healthcare cost.
- Lower or raise a payment on uninsured healthcare cost.
- Obtain a child support abatement credit (i.e. for having child in your care).
- Change a custody or parenting time order.
- Enforce a property settlement clause in a Judgment of Divorce.

If you wish to change something other than the child support obligation, there are forms in the Friend of the Court lobby or you may have to consult with a private attorney. If you file a petition and it deals with something other than changing the child support obligation, the Referee will not hold a hearing on that matter.

BE AWARE THAT A REVIEW MAY RESULT IN A DETERMINATION TO ADJUST THE SUPPORT ORDER UP, DOWN OR NO CHANGE. THE REVIEW MAY ALSO RESULT IN THE OUT OF POCKET HEALTH CARE PERCENTAGE.

This packet is prepared in accordance to the guidelines of the State Court Administrator’s Office Form

PETITION CHECKLIST

Use the following checklist to make sure you have done all the steps that are included.

DID YOU...READ THE INSTRUCTIONS FIRST?

1. Fill out all requested information on the Petition? YES
2. Make all the necessary copies? YES
3. Pay the Petition fee to the Circuit Court Clerk?
(located in the basement of the Courthouse). When you filed the original petition with the Circuit Court Clerk, ask for the copies of the petition to be stamped (True Copy). YES
4. Mail (serve) a copy of the Petition on the other party (and Attorney if represented)? YES
5. Return to the Clerk's office **after** you mailed the Petition to the other party (and Attorney if represented) and completed the certificate of mailing? YES
6. Keep one copy of the Petition for yourself? YES
7. Give 1 copy of the completed Petition to the Circuit Court Clerk with the completed Certificate of Mailing? YES
8. Deliver 1 copy of the completed Petition to the Friend of the Court with the completed Certificate of Mailing? YES
9. Deliver 1 copy of the completed Petition to the Referee Office (located on the first floor of the Friend of the Court) with the completed Certificate of Mailing? YES

If you fail to provide the Referee with a copy of the Petition a hearing will NOT be scheduled.

If you cannot answer "YES" to all of the above steps, your Petition may be delayed or your Petition may be dismissed.

By using this Petition packet you are representing yourself in a Court action regarding child support. In order to receive the action you seek, you must follow the instructions in this packet. If you fail to do even one of the required steps, the order you get from the Court may not give you the support you want. **NOTE:** Regardless of the amount of support you ask for, the Court is required to use the Child Support Formula in deciding what support should be, unless the Court finds that using the Formula would be unjust or inappropriate.

If you have any question about any steps in the process, refer to page 3 through 5 of this packet for details. The Friend of the Court does NOT represent either party. In preparation for the Investigation, each party is encouraged to review the MICHIGAN CHILD SUPPORT FORMULA MANUAL, which may be obtained from the State Court Administrator's Office at: <http://courts.michigan.gov/scao/services/focb/mcsf.htm> or the public library. The Friend of the Court is NOT authorized to give the parties legal advice. Either party may hire an attorney during any point in the process.

INSTRUCTIONS FOR SERVING A PETITION FILING A PETITION

⇔ FILING A PETITION

1. Fill out the Petition.

Use the document on page 7. Use the instruction on page 6. Since there is only an original of the Petition in this packet, type or print neatly, using a black or blue pen. Be careful to not make mistakes. (THIS IS A COURT DOCUMENT)

Make at least 5 copies of the Petition after you have filled it out.

2. File the Petition form with the County Clerk (located in the basement of the Courthouse).

Take the original and 5 copies of the Petition to the Circuit Court Clerk.

You must pay a \$60.00 fee either in the form of a money order, cash or personal check (not a starter check) made payable to the "Clerk of the Court" (\$20.00 is for the **Motion Fee** and \$40.00 is the fee for entry of the **Order**).

The County Clerk will keep the original of the Petition and any attachments for the Court file and stamp "True Copy" on all other copies. You **MUST** provide the Friend of the Court with a true copy of your Petition and also the Referee with a true copy of your Petition. Do not lose your remaining true copies of your Petition.

What you should have when you leave the Clerk's office:

- 1 Copy of the Petition (with any attachments)- for you
- 1 Copy of the Petition (with any attachments)- for the other party (and Attorney if represented)
- 1 Copy of the Petition (with any attachments)-for the Court
- 1 Copy of the Petition (with any attachments)-for the Friend of the Court
- 1 Copy of the Petition (with any attachments)-for the Referee

3. You must ensure that the address for both parties is the address on file with the Friend of the Court. If you fail to provide the correct address for either party your Petition may be dismissed for lack of service.

4. When filing your Petition you must make sure that both parties' address on the Circuit Court records match the address on the Friend of the Court records (which is the address on the Petition).

INSTRUCTIONS FOR SERVING A PETITION

⇔ SERVING THE PETITION ON THE OTHER PARTY

1. Serve the Petition on the other party.

YOU MUST SERVE (NOTIFY BY ORDINARY MAIL) the other party prior to the Friend of the Court reviewing the Petition. **You CANNOT hand deliver the papers to the other party**

What you need for service:

- 1 Copy of the Petition (with any attachments)- with the completed certificate of mailing for you
- 1 Copy of the Petition (with any attachments)- with the completed certificate of mailing for the other party (and Attorney if represented)
- 1 Copy of the Petition (with any attachments)- with the completed certificate of mailing for the Court
- 1 Copy of the Petition (with any attachments)- with the completed certificate of mailing for the Friend of the Court
- 1 Copy of the Petition (with any attachments)-with the completed certificate of mailing for the Referee

Fill out the Certificate of Mailing (date and sign) on all copies of the Petition. Mail one copy to the other party (and Attorney if represented).

NOTE: Serve the papers by mailing them to the other party by regular, first class mail. THE DATE ON THE CERTIFICATE OF MAILING MUST BE THE DATE YOU MAILED THE PETITION TO THE OTHER PARTY.

2. Return to the Circuit Court Clerk

Once you have mailed the Petition to the other party (and Attorney if represented) return to the Circuit Court Clerk's office. You will have four copies with the completed certificate of mailing. Give the Circuit Court Clerk one copy for the Court file. Keep 1 copy for your own records. Deliver 1 copy to the Friend of the Court. Deliver 1 copy to the Referee. You **MUST** deliver one copy directly to the Friend of the Court Office.

3. Response from the other party.

If you receive a response to your Petition from the other party make sure you read it.

4. Attend the hearing.

You will receive written notice of the Referee hearing. You must attend the hearing on the Petition.

READ CAREFULLY THE BACK OF THE NOTICE. You must bring with you all of the financial documents listed on the back of the Notice or your Petition may be dismissed.

⇔ INFORMATION ABOUT ATTENDING THE HEARING

Bring all supporting papers you have and any witnesses who are willing to testify.

1. Since you are representing yourself, you are expected to conduct yourself as an attorney would and follow the same general rules an attorney would.
2. Make a list of information you feel is important for the Referee or Judge to know. The information should relate to the reasons stated in your Petition. You can use this list as a reminder to bring up points you feel are important.
3. If you feel you need to order someone to attend this hearing, follow the procedure in Michigan Court Rule 2.506 or consult an Attorney.
4. Go to the Referee's office on the scheduled day and time. Dress neatly. Get there 10 or 15 minutes early. Bring any witnesses with you. **DO NOT BRING MINOR CHILDREN.**
5. Go to the Referee office and sign in. Tell the clerk your name, that you are there for a hearing, and you are representing yourself. Do **NOT** interrupt any hearing in progress. Then take a seat and wait until your case is called.
6. When you are called to testify and you are sworn in clearly state the following:
 1. Your name
 2. that you are representing yourself
 3. that you need a support order or a change in a support order
 4. the facts or reasons for your request (**bring papers showing your income such as pay stubs, W-2 forms, income tax forms, etc.**)
 5. whether you have witnesses in court who are willing to testify.

Answer the Referee clearly and directly. If the Referee wants to hear from the other witnesses, ask them to tell the Referee what they know regarding your situation.

7. If the other party is in the hearing room, he or she will have a chance to speak also. When the other party talks, take notes. Do not interrupt the other party. After the other party speaks, you will have another chance to talk. Taking notes will help you with this.

NOTE: If you do not agree with the Referee's decision, you may have 21 days from the date of the mailing of the Referee decision to file an objection and request a de novo hearing before the Judge. **The objection and request for a hearing must be filed with the Circuit Court Clerk's office (located in the basement of the Courthouse).**

INSTRUCTION FOR COMPLETING “PETITION REGARDING CHILD SUPPORT AND UNINSURED HEALTH CARE PERCENTAGE”

Please print neatly. After filling in the Petition, you will need to make at least 5 copies.

Items A through I must be completed before your Petition can be filed with the Court. Please read the instruction for each of item. Then fill in the correct information for that item on the Petition.

- A. Before you fill in the Case No., get your Court papers for divorce, separate maintenance, paternity or family support and copy the Case No. from those Court papers onto this Petition form.
- B. Also use your Court paper to fill in the “Plaintiff” and the “Defendant” boxes. Copy the names from these court papers onto this Petition. For example, if your name is in the box that says “Plaintiff” on the original court document, then you should write your name in the “Plaintiff” box on this Petition form.

You are the person filing the Petition therefore the burden of proving why you should be granted the requested relief lies with you.

You must ensure that the address for both parties is the address on file with the Friend of the Court and if you do not know the address you **must** verify the address with the Friend of the Court.

- C. **Check only one box.** If you have a judgment or order for child support, separate maintenance, or paternity, and health insurance coverage read it carefully to find out if there is any information in it about child support. If there is information about child support or health insurance coverage, check box a. If there is no information about child support or health insurance coverage, check box b.
- D. Check these boxes only if you check box a. in **C.** above and have a request for a change in your child support order. Read your court papers for divorce, separate maintenance, paternity or family support to find out who was ordered to pay support, child care, and health care: how much; and how often. Write this information here.
- E. Check these boxes only if you check box a. in **C.** above and have a request for a change in your medical order. Read your court papers for divorce, separate maintenance, paternity or family support to find out who was ordered to pay support, child care, and health care: how much; and how often. Write this information here.
- F. Check this box only if you checked box a. in **C.** above and conditions have changed that require a change in support. **Explain in** as much **detail** as possible what has happened. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 4 copies of this sheet to attach to the copies of this Petition.
- G. You need to explain in as much detail as possible what you want the Court to order. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 4 copies of this sheet to attach to copies of this form. You need to state a specific amount.
- H. Check the appropriate box if you are requesting a change in your medical responsibility. If you are requesting a change in your percentage responsibility for uninsured health care expenses please check the first box. If you are requesting a change in your requirement to provide Health Care Coverage please check the second box. You need to explain in as much detail as possible what you want the Court to order. If you need more space, use a separate sheet of paper. Print this information as neatly as you can. You will need 4 copies of this sheet to attach to copies of this form. You need to state a specific amount. Write in today’s date and sign your name.

GO TO PAGE 3 & 4 FOR FILING AND SERVING INSTRUCTIONS

STATE OF MICHIGAN 10TH JUDICIAL FAMILY DIVISION 111 S. MICHIGAN SAGINAW, MI 48602	PETITION REGARDING CHILD SUPPORT AND UNINSURED HEALTH CARE PERCENTAGE	A. CASE # _____
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B Plaintiff's name, address, city, state and zip	V	Defendant's name, address, city, state and zip
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- C** 1. **a** On _____ a judgment or Order was entered regarding child support and health care coverage.
Date
- b** There is currently no order regarding child support and health care coverage.
- D** 2. The Plaintiff Defendant is ordered to pay support of _____ each _____.
Week, month
- E** 3. The Plaintiff Defendant is ordered to pay ____% of uninsured health care coverage.
- F** 4. Conditions regarding support have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.
- G** 5. **I ask the Court to order that child support be set at:** _____.
Specific Amount
- H** 6. I am asking for a change in my uninsured Health Care Percentage due to a change in my income status. I am asking for a change in my requirement to provide health care due to a change in my income status.

Use a separate sheet to explain in detail what you want the Court to order and attach.

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

I _____
Date _____
Petitioner's signature

CERTIFICATE OF MAILING

I certify on this date I mailed a copy of this petition on the other party (and Attorney if represented) by ordinary mail at the above address.

_____ _____
Date Petitioner's signature

IF YOU HAVE BEEN SERVED WITH THIS PETITION AND YOU WISH TO FILE A RESPONSE THE RESPONSE FORMS ARE AVAILABLE IN THE SECOND FLOOR LOBBY OF THE FRIEND OF THE COURT