



Motion Regarding Child Support (FOC 50)

SAGINAW COUNTY FRIEND OF THE COURT
INSTRUCTIONS FOR FILING
MOTION REGARDING CHILD SUPPORT (FOC 50)

Use this Motion if: you have an order or pending case for divorce, separate maintenance, paternity or family support case and you want to establish or modify your support obligation (including medical obligation or child care) or if you want to modify your income withholding order (IWN).

For issues with your IWN, please contact FOC before filing this motion as we may be able to resolve your IWN issues without filing a motion

Do NOT use this Motion form: to change a custody or parenting time order or to establish or modify spousal support.

By filing this motion, you are requesting a HEARING in front of a Friend of the Court Referee- if you have an agreement regarding the change in support, **DO NOT USE THIS FORM- use the Consent Order Request Form.**

FILING YOUR MOTION

- 1) Fill out the FOC 50 Motion Regarding Child Support (use a separate sheet and attach if you need more room to explain).
- 2) Bring or mail your FOC 50 and four copies of your documents to the Circuit Court Clerk's Office located in the basement of the Courthouse at 111 S. Michigan Ave. Saginaw, MI 48602. If you mail your motion, include a self-addressed stamped envelope for the Clerk to return your copies to you.
- 3) You will need to pay a \$60.00 filing fee with this motion by check or money order. If you cannot afford this fee, please fill out a Fee Waiver Request (Form MC 20) and file along with your Motion.
- 4) The Court Clerk will keep the original and one copy and return the remaining copies to you.

SERVING YOUR MOTION

- 1) You **MUST** serve the Motion to the other party (and attorney if represented) as soon as possible after filing your motion and at least **9 days before your hearing**. This is done by mailing the Motion and all attachments by first class mail to other party/attorney at their last known address. If you do not have the other party's address, you can obtain it from the Circuit Court Clerk's office.
- 2) After mailing the Motion, complete the CERTIFICATE OF MAILING section on the bottom of the Motion.
- 3) **YOU MUST FILE YOUR CERTIFICATE OF MAILING:** Return to the Clerk's office to file two copies of the certificate of mailing. The court clerk will route a copy to the Friend of the Court.

PREPARING FOR YOUR HEARING

- 1) You will receive a **NOTICE OF HEARING** from the Referee's office indicating the date, time and location of your hearing (hearings may be conducted on Zoom). You will receive all information on video conferencing from the Referee Office when you schedule your hearing.
- 2) You must attend the hearing on your Motion. If you do not appear, your Motion will be denied and you will have to re-file your Motion.
- 3) If the other party responds to your Motion, just read the response and be prepared to address it at your hearing.
- 4) **PAY ATTENTION TO THE REFEREE NOTICE:** It will tell you all of the documentation that you need to bring to your hearing. You will need copies of your pay stubs, W2's, tax records, child care expenses, disability payments or any other income documentation for this hearing. Please prepare prior to filing your motion.

STATE OF MICHIGAN 10TH JUDICIAL FAMILY DIVISION 111 S. MICHIGAN SAGINAW, MI 48602	MOTION REGARDING CHILD SUPPORT FOC 50	CASE # _____
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Plaintiff's name, address, city, state and zip	v	Defendant's name, address, city, state and zip
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1. a. On _____ a Judgment or Order was entered regarding child support.
Date
- b. There is currently no order regarding child support.
2. The Plaintiff Defendant is ordered to pay support of \$ _____ per _____.
3. The Plaintiff Defendant is ordered to pay ____% of uninsured health care coverage.
4. Circumstances and/or financial conditions have changed as follows (use separate sheet to explain if necessary):
5. I ask the Court to increase decrease the support to an amount the court finds fair and equitable.
6. a. I am asking for a change in my uninsured Health Care Percentage due to a change in my income status.
 b. I am asking for a change in my requirement to provide Health Care Coverage.
7. I am asking the Court to address my income withholding obligation and/or arrearage payment obligation.
8. I am asking the Court to address post-majority support (support for a child over the age of 18 who is still enrolled in high school full time).

FILING OF THIS MOTION WILL RESULT IN A REFEREE HEARING. YOU WILL RECEIVE A HEARING NOTICE IN THE MAIL. BE AWARE THAT A REVIEW MAY RESULT IN A DETERMINATION TO ADJUST THE SUPPORT ORDER UP, DOWN OR NO CHANGE BASED ON THE CALCULATIONS UNDER THE MICHIGAN CHILD SUPPORT FORMULA.

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

Date

Moving Party's signature

CERTIFICATE OF MAILING

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

Date

Moving Party's signature