SAGINAW COUNTY FRIEND OF THE COURT CONSENT ORDER/ZERO SUPPORT ORDER REQUEST FORM

The Friend of the Court prepares orders for parties who have reached an agreement as well as those who qualify for zero support due to various reasons. Parties who have reached an agreement, or, those requesting a zero support order should fill out this form and return it to: Saginaw County Friend of the Court 111 S. Michigan Ave., Saginaw, MI 48602 or by email foc@saginawcounty.com. foc@saginawcounty.com. Please provide copies of your driver's license(s) along with the signed agreement.

The Friend of the Court Staff Attorney may need to contact you to clarify portions of your agreement before preparing an order. Please provide updated contact information. Please provide updated contact information. Please updated updat

Case Name	vv	Case #_		
Plaintiff's Name	Defend	ant's Name		
Address:	<u>-</u>	Address:		
Daytime Phone		e Phone		
Email:	Email:_	Email:		
CONSENT ORDER REQUEST:				
-	esting to have entered is for a ch	ange in (circle all that apply):		
1. Custody	2. Parenting Time	3. Child Support	4. Domicile	
, , , , , , , , , , , , , , , , , , , ,	parenting time consent order, ple		cal and legal custody	
	port consent order, please specif arties agree to it. It must be spec			

If your agreement includes a change in parenting time or child support, please provide the following (NOTE: you can ONLY set child support to zero if neither party receives state assistance, you are eligible to opt out of the Friend of the Court, or you meet other zero support criteria (contact your support specialist). Opt out requests should be sent in a separate correspondence to the Friend of the Court.)

Plaintiff's Employer: _	intiff's Employer: Defendant's Employer:						
Average Weekly Hours: Hourly wage: \$ Gross Annual Income: \$ Annual Child Care Costs: \$ Medical Insurance Premium Attributable to		Average Weekly Hours:					
		Hourly Wage: \$ Gross Annual Income: \$ Annual Child Care Costs: \$ Medical Insurance Premium Attributable to					
				the Children \$		the Children \$	
				Number of biological	children:	Number of biological children:	
				Plaintiff's Signature	Date	Defendant's Signature	Date
ZERO SUPPORT ORD	PER REQUEST:						
		d support at zero. PLEASE ATTACH DOCUMENTATIO	N SHOWING				
	, -	W. IF SUFFICIENT PROOF IS NOT GIVEN, YOUR REQU					
BE PROCESSED.							
	Parties are married, and the marriage occurred after this action was filed.						
	Parties were married before the action was filed but separated and are now living together.						
	Parties are not married, but, are living together and on cash assistance (with these children) as long as both parties are on the same cash grant (TANF).						
	Child(ren) goes to live with the non-custodial parent.						
	Other:						
							
Do you wish to have a	rrearages to payee waived (ye	es or no)					
Requesting Party's Sig	nature Date						