

CHILD SUPPORT REVIEW REQUEST

|                              |                  |
|------------------------------|------------------|
| PAYER'S NAME: _____          | DOCKET NO: _____ |
| DATE OF CURRENT ORDER: _____ | JUDGE: _____     |

|   |   |
|---|---|
| Pl Def                                  | Pl Def                                  |
| Custodial Party's Name _____            | Non-Custodial Party's Name _____        |
| Street address _____                    | Street address _____                    |
| City, state & zip code _____            | City, state & zip code _____            |
| Home phone number _____                 | Home phone number _____                 |
| Social security number _____            | Social security number _____            |
| Custodial Party's Employer _____        | Non-Custodial Party's employer _____    |
| Employer's street address _____         | Employer's street address _____         |
| Employer's city, state & zip code _____ | Employer's city, state & zip code _____ |
| Employer's phone /FAX numbers _____     | Employer's phone/FAX numbers _____      |

1. Names of Children/ages: \_\_\_\_\_
2. Who has Custody and what type of custody? \_\_\_\_\_
3. Current Support Order is: \$ \_\_\_\_\_ per \_\_\_\_\_
4. All docket number with other parties: \_\_\_\_\_
5. Has it been 36 months since the last review/order or has the payer of support been incarcerated for more than one consecutive year since the last review/order? YES / NO Which?

NAME OF REQUESTING PARTY (Print) \_\_\_\_\_

SIGNATURE OF REQUESTING PARTY \_\_\_\_\_ DATE \_\_\_\_\_

CASEWORKER'S INITIALS \_\_\_\_\_

**FOC STAFF:** If it has been less than three years since the last review and the client's condition constitutes a barrier to pro se action, attach documentation which verifies a significant change in circumstances and reason for the review in the notes section below.

Notes/Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ingham County Friend of the Court**  
**Child Support Review**  
**Client Information**

Pursuant to Michigan law, the Friend of the Court office will review child support upon the written request from a party once every thirty-six months from the date of the last child support order without cost to either party. If you wish to request a review, fill out the form on the reverse side completely before submitting it. If you have more than one case with this office and want each of them reviewed, fill out a separate form for each case. Please print legibly. Once you have completed the form, return it to the receptionist. Staff will process the request. The receptionist cannot answer questions about the form.

If it is determined that a child support review was requested within the past three years, you will be notified of the next date your case is eligible for review. If your case is not eligible for the statutory review, you may still file a motion with the court clerk to change child support if there has been a significant change in circumstances since the last review.

If your request is accepted, you and the other party will each receive a financial questionnaire. Your questionnaire must be returned within 21 days. Failure to submit your information on time will result in closing the review process and an order of dismissal will be sent to the Judge. This will be considered a review and your case will not be eligible for a review for another thirty-six months. If you have questions regarding the status of a review, contact the investigation section of this office, using the telephone number provided with the questionnaire.

If your questionnaire is received on time, the Investigative staff will issue a support recommendation based upon the Michigan Child Support Formula, as required by law. This recommendation will be in the form of a Proposed order@ and mailed to both parties. The parties then have 21 days to file written objections to the proposed order. Objection forms can be mailed to you by your caseworker or you may pick them up at the Friend of the Court Receptionist=s window. If there are no written objections filed within that time, the order will be forwarded to the Judge for signature.

If either party makes timely objection in writing to the recommendation, a hearing will be held before a **Friend of the Court Referee**. The Referee may only deviate from the Michigan Child Support Formula in his/her recommendation for A good cause@. The Referee=s recommendation will be sent to both parties with a cover letter which sets a time in which either party may object **in writing** upon forms provided. The objecting party must then arrange for a hearing before the Court.

**PARENTING TIME VERIFICATION**

In order to calculate the support order, the Friend of the Court requires each parent to complete the following section:

**STATE THE NUMBER OF OVERNIGHTS PER YEAR THE CHILD(REN) SPENDS WITH:**

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

Please note that failure to respond to this request or agree on the amounts may result in the Friend of the Court making a determination as to the number of annual overnights the child(ren) spend with each parent.

If your order provides for **reasonable parenting time**, the Friend of the Court will assume the non-custodial parent exercises **84 overnights annually**.

If both parties fail to respond to this notice and your current order allows for a **specific parenting time schedule**, the Friend of the Court will determine the amount of overnights the non-custodial parent is awarded under that order and use it for determining child support.

If only one party responds to this notice, the Friend of the Court will use the numbers he or she provided for determining support. If the parties do not to agree to the number of overnights and the order provides for a **specific parenting time schedule**, the Friend of the Court will use the actual court order for determining support in the absence of credible evidence otherwise.

**POST MAJORITY SUPPORT**

*\*\*To be filled out if child is age 16 years or older \*\**

**Name of child and DOB** \_\_\_\_\_ **Expected date of graduation** \_\_\_\_\_

**Is it anticipated that the child physically reside with the child support recipient after age 18?**  
 Yes  No

**Does the child intend that the child support recipient's house to be his/her place of residence after age 18?**  
 Yes  No

**I certify that the above information is true, accurate, and complete.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Case No. \_\_\_\_\_

\_\_\_\_\_  
Printed Name

|  |                                |                 |
|--|--------------------------------|-----------------|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>CHILD-CARE VERIFICATION</b> | <b>CASE NO.</b> |
|--|--------------------------------|-----------------|

Friend of the court address

Telephone no.

**PARENT INFORMATION**

Complete the top portion of this form and have your child-care provider complete the remainder.  
**It is your responsibility to return the completed form to the friend of the court.**

|  |
|--|
| Name   |
| Name(s) and age(s) of child(ren) involved in this case |
|  |
|  |

**CHILD-CARE PROVIDER INFORMATION**

**Please attach a schedule of your most recent child-care rates.**

The child-care provider must complete the remainder of this form for the child(ren) named above.

|   |                            |                                 |             |                             |
|---|----------------------------|---------------------------------|-------------|-----------------------------|
| Name of provider  |                            | Address                         |             |                             |
| City  | State                      | Zip                             | County      | Area code and Telephone no. |
| <b>Name and Age of Child</b>  | <b>School Year Rates</b>   | Average No. of Hours/Week       | Hourly Rate | Total Weekly Rate           |
|   |                            |                                 |             |                             |
|   |                            |                                 |             |                             |
| <b>Name and Age of Child</b>  | <b>Summer Season Rates</b> | Average No. of Hours/Week       | Hourly Rate | Total Weekly Rate           |
|   |                            |                                 |             |                             |
|   |                            |                                 |             |                             |
| Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain.   |                            |                                 |             |                             |
| Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide the agency name and amount contributed. |                            |                                 |             |                             |
| The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.                      |                            |                                 |             |                             |
| Date  |                            | Signature and title of provider |             |                             |

|   |  |  |
|---|--|--|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b>  | <b>FRIEND OF THE COURT<br/>CASE QUESTIONNAIRE<br/>(Page 1)</b> | <b>CASE NO.</b>  |
| Friend of the court address   |  | Telephone no.  |
| Plaintiff   | v  | Defendant  |
| <b>Complete this form and sign on page 4.</b>   |  |  |
| <b>YOUR GENERAL INFORMATION</b>   |  |  |
| 1. Your full name   |  | 2. Date of birth   |
| 3. Place of birth: city and state   |  |  |
| 4. Address  | City   | State  |
|   | Zip  | 5. Home telephone  |
|   |  | 6. Work telephone  |
| 7. Social security number   | 8. Driver's license no.  | 9. Professional license, type, and no.   |
|   |  | 10. Cell phone   |
|   |  | 11. E-mail address   |
| 12. Sex<br><input type="checkbox"/> M <input type="checkbox"/> F  | 13. Eye color  | 14. Hair color   |
|   |  | 15. Height   |
|   |  | 16. Weight   |
|   |  | 17. Race   |
|   |  | 18. Scars, tattoos, etc.   |
| 19. Your father's full name   |  | 20. Your mother's full maiden name   |
| 21. Names of children in common with other parent in this case    Birthdate    Gender    Soc. sec. no.    Address    No. of overnights you have w/ child annually                                     |  |  |
|   |  |  |
|   |  |  |
| 22. Names of all additional minor children you support    Birthdate    Address  |  |  |
|   |  |  |
| 23. Are you pregnant?    a. When is the child due?    b. Is the other party in this case the biological parent of the expected child?    24. Are you presently married?                               |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |  |
| <b>YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION</b>  |  |  |
| 25. Your occupation   |  | 26. Your employer (if unemployed, name of last employer)   |
| 27. Employer's address  |  | 28. Date hired   |
|   | City   | State  |
|   | Zip  |  |
| 29. Gross earnings per pay period (earnings before taxes)<br>\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly |  | 30. Filing status    dependents claimed<br><input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household |
| 31. Hourly pay rate (including shift premium and COLA)  | 32. Total regular hours worked per pay period                  | 33. Average overtime hours for past 12 months  |
| 34. Second job  |  | 35. Employer   |
| 36. Employer's address  |  | 37. Date hired   |
|   | City   | State  |
|   | Zip  |  |
| 38. Gross earnings per pay period (earnings before taxes)<br>\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly |  | 39. Hourly pay rate  |
|   |  | 40. Average hours worked per pay period since hire date  |
| 41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:   |  |  |
| Name of last full-time employer   |  | Address of last full-time employer   |
| Position held at last place of full-time employment   |  | Last day employed full-time  |
| Length of time employed in last full-time position  |  | Reason for leaving last full-time employment   |
| Gross earnings per pay period (earnings before taxes)<br>\$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly     |  |  |

|   |   |   |   |
|---|---|---|---|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b>  | <b>FRIEND OF THE COURT<br/>CASE QUESTIONNAIRE<br/>(Page 2)</b>  | <b>CASE NO.</b>   |   |
| <b>YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)</b>  |   |   |   |
| 42. List MONTHLY income from all other sources, such as:  |   |   |   |
| Commissions _____<br>Bonuses _____<br>Profit Sharing _____<br>Interest _____<br>Dividends _____<br>Annuities _____<br>Pensions/Longevity _____<br>Deferred Comp./IRA _____<br>Trust Funds _____   | Unemp. Benefits _____<br>Strike Pay _____<br>SUB Pay _____<br>Sick Benefits _____<br>Worker's Comp. _____<br>Soc. Sec. Benefits _____<br>VA Benefits _____<br>Disability Insurance _____<br>GI Benefits _____ | Nat'l. Guard & Res. Drill Pay _____<br>Armed Services _____<br>Allowance for Rent _____<br>Rental Income _____<br>Spousal Support/Alimony _____<br>State Disability Assistance _____<br>F I P _____<br>Supp. Security Income SSI _____<br>Other _____ |   |
| 43. Do you have any spousal support/alimony orders involving another person not a parent in this case?<br>If so, complete a. b. and c. <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 50px;"><input type="checkbox"/> Yes, as payer</span> <span style="margin-left: 50px;"><input type="checkbox"/> Yes, as recipient</span> |   |   |   |
| a. Amount of order (do not include arrearages)  | b. Type of order/Case no.   | c. City, county, and state  |   |
| 44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No</span>   |   |   |   |
|   |   |   |   |
| Child's<br>Name   | Amount<br>(monthly)   | Type of benefit (check one)<br><input type="checkbox"/> SSI <input type="checkbox"/> Dependent benefit  | Source of dependent benefit<br>(mother, father, stepparent) |
|   |   |   |   |
|   |   |   |   |
| 45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.                              |   |   |   |
| 46. Do you have any medical conditions/restrictions that affect your ability to work?<br>If yes, please explain medical condition/restriction: <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No</span>  |   |   |   |
| 47. What is your educational background? (Check one)  |   |   |   |
| <input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Trade school graduate<br><input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree  |   |   |   |
| 48. Medical insurance company name, address, telephone no.  |   | Policy/Group number   | Beginning date, if known                                    |
| 49. Dental insurance company name, address, telephone no.   |   | Policy/Group number   | Beginning date, if known                                    |
| 50. Optical insurance company name, address, telephone no.  |   | Policy/Group number   | Beginning date, if known                                    |
| 51. What dependent coverage is available to you without cost? <span style="margin-left: 100px;"><input type="checkbox"/> Medical</span> <span style="margin-left: 50px;"><input type="checkbox"/> Dental</span> <span style="margin-left: 50px;"><input type="checkbox"/> Optical</span>  |   |   |   |
| 52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)<br><input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____   |   |   |   |
| 53. Individuals currently covered by your insurance   |   |   |   |
| Name  | Birthdate   | Relationship  | Medical (✓)    Dental (✓)    Optical (✓)                    |
|   |   |   |   |
|   |   |   |   |

|  |  |                 |
|--|--|-----------------|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>FRIEND OF THE COURT<br/>CASE QUESTIONNAIRE<br/>(Page 3)</b> | <b>CASE NO.</b> |
|--|--|-----------------|

**YOUR CHILD-CARE INFORMATION**

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year?  Yes  No  
 If yes, complete the following information.

|  |   |  |  |
|--|---|--|--|
| Name of child-care provider  | Names of children receiving child care  |  |  |
| Number of weeks provided during last calendar year   | Estimated number of weeks of child care provided in this calendar year        |  |  |
| Current weekly child-care cost   | Amount of child-care credit received on last year's federal I.R.S. tax return |  |  |
| Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain. |   |  |  |

55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

| <u>Reason</u>  | <u>Estimated number of hours per week</u> |
|--|---|
| <input type="checkbox"/> Work related  | _____                                     |
| <input type="checkbox"/> Looking for employment  | _____                                     |
| <input type="checkbox"/> Enrolled in educational program to improve employment opportunities | _____                                     |

56. If your reason for child care is education related, provide the following information.

|                                 |                                |                  |                           |
|---------------------------------|--------------------------------|------------------|---------------------------|
| Name of educational institution | Total classroom hours per week | Educational goal | Projected graduation date |
|---------------------------------|--------------------------------|------------------|---------------------------|

**YOUR ADDITIONAL INFORMATION**

57. List any additional information that would be useful to the court in making a support recommendation.

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**INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)**

|   |               |                             |   |   |                    |   |                    |
|---|---------------|-----------------------------|---|---|--------------------|---|--------------------|
| 58. Full name   |               | 59. Date of birth           |   | 60. Place of birth: city and state  |                    |   |                    |
| 61. Address   |               | City                        | State   | Zip   | 62. Home telephone | 63. Work telephone  |                    |
| 64. Social security number  |               | 65. Driver's license number |   | 66. Professional license, type, and no.   |                    | 67. Cell phone  | 68. E-mail address |
| 69. Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                        | 70. Eye color | 71. Hair color              | 72. Height  | 73. Weight  | 74. Race           | 75. Scars, tattoos, etc.  |                    |
| 76. Father's full name  |               |                             | 77. Mother's full maiden name                       |   |                    |   |                    |
| 78. Names of all additional minor children he/she supports                              |               | Birthdate                   | Address   |   |                    |   |                    |
|   |               |                             |   |   |                    |   |                    |
|   |               |                             |   |   |                    |   |                    |
| 79. Is this party pregnant?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               | a. When is the child due?   |   | b. Is the party in this case the biological parent of the expected child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                    | 80. Is this parent married?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| 81. Occupation  |               |                             | 82. Employer (if unemployed, name of last employer) |   |                    |   |                    |
| 83. Employer's address  |               | City                        | State   | Zip   | 84. Date hired     |   |                    |
| 85. Gross earnings per pay period (earnings before taxes)                               |               |                             |   | 86. Average overtime hours for past 12 months   |                    |   |                    |

