



**THIRD JUDICIAL CIRCUIT COURT**  
**FRIEND OF THE COURT**

# **MOTION TO MODIFY** **CHILD SUPPORT**

## **USE THIS SET OF FORMS IF:**

- Child support is still being charged every month on your case
- You still have at least one child on this case that is under 18 years old
- There has been a change in how much money you make
- You want to raise or lower the monthly child support amount

**This Motion must be filed and scheduled in the Coleman A. Young Municipal Center (CAYMC) building at Two Woodward Avenue, Detroit, MI 48226. It will cost you \$60.00 to file this motion.** The County Clerk's Office accept cash; debit cards; MasterCard, American Express, and Discover credit cards; and, money orders made payable to the **Wayne County Clerk.**

*If you cannot afford the filing fee, you can ask the Chief Judge for an Order waiving the filing fee. Fee Waiver forms can be obtained from **Room 201 (CAYMC 2<sup>nd</sup> floor)**. You can **ONLY** do this in person and you must have a State-issued photo ID card and proof of your income and/or public assistance. If the Chief Judge waives your filing fee the waiver is only good the same day as it is signed. You must file your motion that same day.*

## **INSTRUCTIONS:**

1. Fill out pages 1 through 5. **USE BLACK OR BLUE INK ONLY**
2. Write your Case Number in the upper right corner of every page.
3. **Attach a complete copy of your most recent child support and parenting time orders to your forms.**
4. Leave the forms in numerical order. Make 3 sets of copies of pages 1 through 5 and all of your attachments before you bring them to Court to file them.
5. Bring all the original forms plus the 3 sets of copies to file.
6. Fill out the Financial Information Form (FD/FOC 4008). Keep this form separate from the other forms. You must turn this form in separately at CAYMC **Room 900A** when you file.
7. Always keep a copy of every paper you file with the Court and bring your copies with you to the hearing.

- To get a Court date, you need to file the motion properly with the Court.

### **IF YOU ARE FILING IN PERSON:**

- Take your original set of motion forms, your copies, your original Financial Information Form and your money to pay the filing fee with you to CAYMC.
- Take your original set of motion forms, your copies, and your filing fees (or signed Order waiving filing fees) to the Wayne County Clerk in **Room 201 (CAYMC 2<sup>nd</sup> floor)**.
- Put case labels (stickers) in the upper right corner of all original documents and only on pages 1 and 2 of each of your copies. Case labels are free and available in **Room 201**.
- Give the Clerk your original motion forms (NOT the Financial Information Form). If you have a Chief Judge Order waiving your filing fees, give it to the Clerk.
- The Clerk will keep the original forms and have you pay at the Cashier counter.
- The Clerk will give back to you the "Motion Praecept" form with a red stamp on it. This proves that you filed the Motion with the Clerk's office.
- Take that stamped "Motion Praecept" form, your original Financial Information form, and your copies to: the FOC Scheduling Office in **Room 900A (CAYMC 9<sup>th</sup> floor, down the hall from the Clerk's Office)**.
- At the window of **Room 900A**, an FOC representative will take all of your paperwork and give you a hearing date.
- Go to your hearing with all documents that prove the request in your motion.** If you do not show up, or if you show up late, your motion will be dismissed.

### **IF YOU ARE FILING BY MAIL:**

- Write your Case Number in the upper right corner of every page.
- Mail your original forms, 3 sets of copies and a money order for the filing fees to: **Wayne County Clerk, Room 201, Coleman A. Young Municipal Center, Detroit, MI 48226**.
- Keep copies of everything you mail to the Court.
- Include a Self-Addressed Stamped Envelope and a letter asking the County Clerk to mail you a receipt and a copy of your motion stamped "filed."
- You will receive your hearing date by mail.

### **QUESTIONS?**

Call the Wayne County Friend of the Court at (877) 543-2660 or email [FOC-Help@3rdcc.org](mailto:FOC-Help@3rdcc.org). Employees of the Friend of the Court and the Wayne County Circuit Court cannot give you legal advice or help prepare documents. General Court information can be found on the website: [www.3rdcc.org](http://www.3rdcc.org).

**Failure to complete all of the above steps may result in delay or dismissal of your motion.**

**The Court is required by law to use the Michigan Child Support Formula to set the child support amount, unless the Court finds that application of the formula would be unjust or inappropriate.**

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	THE FRIEND OF THE COURT PRAECIPE FOR MOTION	CASE NO.
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COURT ADDRESS: 645 GRISWOLD DETROIT, MI 48226

COURT TELEPHONE NO: (877) 543-2660

**CERTIFICATION**

\_\_\_\_\_  
Plaintiff  
Street and No. \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

**I HEREBY CERTIFY** that the attached motion and any attached documents are in compliance with MCR 2.114.

Signature: \_\_\_\_\_  
Attorney for Movant

Date: \_\_\_\_\_, 20 \_\_\_\_

One of the parties is incarcerated, MCR 2.004.

**v**

\_\_\_\_\_  
Defendant  
Street and No. \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

**I HEREBY CERTIFY** as required by LCR 2.119(B) that I made personal contact with (party's attorney's name, if represented; party's name if not) \_\_\_\_\_ on (date) \_\_\_\_\_, 20\_\_\_\_, and requested concurrence in the relief sought in the attached Motion and that either concurrence has been denied or that I have made reasonable and diligent attempts to contact counsel or the other party, if s/he is not represented by an attorney, requesting concurrence in the relief sought.

\_\_\_\_\_  
(Signature of Filing Party or Filing Party's Attorney)

TO: OFFICE OF FRIEND OF THE COURT, 645 GRISWOLD, DETROIT, MICHIGAN 48226  
The attached Motion has been scheduled for (date) \_\_\_\_\_, 20 \_\_, at (time) \_\_\_\_\_ at the Penobscot Building, 645 Griswold, Room \_\_\_\_\_, Detroit, MI 48226 and is assigned to Referee \_\_\_\_\_.

**INSTRUCTIONS**

After completing this Praecipe, attach a copy of your Motion to it. You must serve a copy of the Motion on the opposing party or their attorney, if they have one, and also give them a Notice of Hearing. Bring the completed Proof of Service and Notice of Hearing with you to the hearing.

**NOTICE RE: FILING FEES:** In addition to the \$20 motion fee, a filing fee of \$40 must be paid for child support motions and a filing fee of \$80 must be paid for child custody or parenting time motions. When a motion raises both child support and child custody or parenting issues, only the greater of the two fees will be collected. These filing fees are nonrefundable.

Adjourned to: \_\_\_\_\_  
Adjourned to: \_\_\_\_\_

Attorney Information

Attorney for Plaintiff: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Attorney for Defendant: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

STATE OF MICHIGAN  
THIRD JUDICIAL CIRCUIT  
WAYNE COUNTY

MOTION  
TO MODIFY SUPPORT ORDER

CASE NO:  
HON:

Please print or type information

Plaintiff name, address, telephone no., and email address	Defendant name, address, telephone no., and email address
Attorney Name, Address, Telephone No. Bar No.	Attorney Name, Address, Telephone No., Bar No.

\_\_\_\_\_ is incarcerated and a telephonic hearing is required. They are incarcerated at  
Name

\_\_\_\_\_ and their inmate number is \_\_\_\_\_  
Name of Facility MDOC or Other Number

This motion is being filed by \_\_\_\_\_ the current child support order is for \$ \_\_\_\_\_ per month.  
Name

**I HAVE ATTACHED A COPY OF THE SUPPORT AND PARENTING TIME ORDERS ARE ATTACHED.**

I have \_\_\_\_\_ number of overnights per year with my child(ren).

My income before taxes is \_\_\_\_\_ per month. My source of income is \_\_\_\_\_  
Employer/Other

I am requesting the child support be:

\_\_\_\_\_ increased

\_\_\_\_\_ reduced

\_\_\_\_\_ modified as follows: \_\_\_\_\_

The change in circumstances is:

\_\_\_\_\_ increase/decrease in income

\_\_\_\_\_ new parenting time/custody order

\_\_\_\_\_ Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of party filing motion



**FINANCIAL INFORMATION FORM**

**I am submitting this Financial Information Form to be considered by the Court in connection with my motion to modify the child support obligation in my case. In the event the Court wishes to contact my employer, I authorize my employer to release my payroll information. I make application to the Wayne County Friend of the Court for continuing child support services under the provisions of the Child Support Enforcement Program as required under Title IV-D. I declare that the statements made in this form are true to the best of my information, knowledge and belief.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_ **YOUR NAME:** \_\_\_\_\_

**YOUR E-MAIL ADDRESS:** \_\_\_\_\_

**YOUR SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**1) LIST CHILDREN COVERED BY THIS SUPPORT ORDER:**

Name	Date of Birth	Address	Number of overnights per year with each child

**2) ARE YOU PRESENTLY MARRIED? \_\_\_\_\_**

**3) LIST ALL OTHER CHILDREN YOU HAVE:**

Name	Date of Birth	Address	Indicate Biological/Adopted/Step

**4) LIST OTHER SUPPORT ORDERS YOU PAY ON:**

<b>Case Number</b>	<b>County</b>	<b>Current Support Order Due</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5) COMPLETE THE FOLLOWING SOURCES OF INCOME YOU HAVE:**

- a. Monthly Gross Wages (before deductions) \_\_\_\_\_ attach  
most recent pay stub
- b. Occupation \_\_\_\_\_
- c. Name of Employer \_\_\_\_\_
- d. Address \_\_\_\_\_
- e. Phone Number \_\_\_\_\_
  
- f. Second Job Gross Wages (before deductions) \_\_\_\_\_ attach  
most recent pay stub
- g. Name of Employer \_\_\_\_\_
- h. Address \_\_\_\_\_
- i. Phone Number \_\_\_\_\_

If you do not receive a pay stub for your earnings, you must submit a copy of the most recent Federal tax return, Federal 1099, W2's and verify under oath that this represents your actual income. The penalties for perjury may apply if you misrepresent your income.

**6) OTHER SOURCE OF INCOME: Please state amount received and for what period (week/month/year)**

- a) Unemployment \$ \_\_\_\_\_
- b) Sub Pay \$ \_\_\_\_\_
- c) Stock Dividends \$ \_\_\_\_\_
- d) Bonus & Profit Sharing \$ \_\_\_\_\_
- e) Rental Property \$ \_\_\_\_\_
- f) Social Security Disability \$ \_\_\_\_\_
- Benefits
- g) Social Security Insurance \$ \_\_\_\_\_
- (SSI) Benefits
- h) Veteran Benefits \$ \_\_\_\_\_

- i) Pension \$ \_\_\_\_\_
- j) Disability Income \$ \_\_\_\_\_
- k) Spousal Support \$ \_\_\_\_\_
- l) Other \$ \_\_\_\_\_

**7) INDICATE WHETHER YOU PAY ANY MONTHLY INSURANCE**

**PREMIUMS:**

- MEDICAL PREMIUMS** \$ \_\_\_\_\_
- DENTAL PREMIUMS** \$ \_\_\_\_\_
- OPTICAL PREMIUMS** \$ \_\_\_\_\_

Name of individuals covered by policy	age	relationship

**8) DO YOU RECEIVE STATE OF FEDERAL GOVERNMENT ASSISTANCE (i.e. FIA/TANF Assistance)?**

List Case Number \_\_\_\_\_ Cash Grant Amount \_\_\_\_\_  
 Medicaid: YES OR NO Food Stamps Amount \_\_\_\_\_

**9) DO YOU HAVE CHILD CARE EXPENSES FOR CHILDREN OF THIS CASE:**

Childs name	Name of Provider	Weekly Cost

**YOU MUST ATTACH VERIFICATION OF ALL SOURCES OF INCOME AND VERIFICATION OF CHILD CARE EXPENSES IF APPLICABLE. FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR MOTION.**

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	REQUEST FOR CHILD SUPPORT REVIEW INCARCERATED INDIVIDUALS	CASE NO. HON.
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Please print or type information

Plaintiff' name, address, telephone no., and email address	Defendant name, address, telephone no., and email address
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I am \_\_\_\_\_ my Social Security Number is \_\_\_\_\_.  
Name

I am currently incarcerated at \_\_\_\_\_  
Facility Name  
and my inmate number is \_\_\_\_\_.  
MDOC or Other Number

I have been incarcerated since \_\_\_\_\_ and my earliest possible release date is \_\_\_\_\_.  
Date Date

I have a child support case(s) in which I am being charged ongoing support.

I have no income and am requesting that the Friend of the Court review my child support obligation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of incarcerated individual

**Mail this completed form to:**  
Friend of the Court  
P.O. Box 829  
Detroit, MI. 48231