

## **In Pro Per Motion to Change Child Support**

### **ATTENTION**

If you need help completing this form, you may contact the **Legal Assistance Center** at (616) 632-6000, or you may visit them at the Courthouse, 180 Ottawa NW, 5<sup>th</sup> floor, Grand Rapids, MI, 49503.

### **PLEASE NOTE**

In addition to the \$20 filing fee, you will be required to pay a \$40 order entry fee when you file this motion.

Instructions  
For  
In Pro Per Motion to Change Child Support

Before you file this motion, please read the following information and follow the instructions exactly.

The Court is required to set child support at the level recommended by the Michigan Child Support Formula, whether or not the parties agree on the amount of support, except where it would be "unjust or inappropriate" to do so. PLEASE READ THE MICHIGAN CHILD SUPPORT FORMULA MANUAL TO HELP YOU DECIDE WHETHER YOU SHOULD FILE THIS MOTION. You can get a copy of the Manual from the public library, or you can go to [//courts.michigan.gov/scao/services/focb/mcsf.htm](http://courts.michigan.gov/scao/services/focb/mcsf.htm).

**WARNING:**

The In Pro Per motion to change support should be filed only when a change of circumstance has occurred since the last time support was modified or reviewed.

If you file this motion and the recommendation is the opposite of what you are requesting (e.g., an increase in support instead of a decrease), your support may change in a way that you do not want.

In general, a motion to change support may be successful where you can prove that your or the other parent's income has increased or decreased significantly since the current support amount in your case was ordered by the Court. Many motions fail because the Court does not have the authority to change support in the case or because the parent filing the motion is unable to prove the need for the change. The most common situations where a motion will be **denied** are:

1. Where the only significant change in the parents' situation since the last support order was entered by the Court is:
  - The size of the family of the parent filing the motion has increased through marriage, adoption or childbirth, or;
  - The custodial parent's income has increased (unless such increase is enormous), or;
  - The bills of the parent filing the motion have increased (unless that parent can prove that his or her situation is extraordinary).
2. Where the parent filing the motion does not come to a scheduled hearing and/or does not prove the need for the change in support.
3. Where the motion asks for a change in spousal support (alimony).

**Instructions  
For  
In Pro Per Motion to Change Support (cont.)**

**Notice:** Please read and follow all instructions carefully and complete all information, including the Questionnaire. **IF YOU DO NOT ATTACH THE REQUIRED INFORMATION TO YOUR MOTION, INCLUDING THE COMPLETED QUESTIONNAIRE AND PAYSTUBS/ TAX RETURNS, THE COURT WILL DISMISS IT. YOUR CHILD SUPPORT WILL NOT BE CHANGED.**

For example, if **employed**, your motion will be automatically dismissed if copies of your pay stubs are not attached. If **self-employed**, copies of your business **and** individual Federal Income Tax Returns, including all schedules and forms for the last three (3) years must be attached. If **unemployed**, the last four (4) pay stubs from your last job, proof of the amount of unemployment compensation or proof of inability to work due to health reasons (i.e., a recent doctor's statement which indicates your work restrictions) must be attached to your motion.

**Complete the attached Motion form:**

**Case No.:** Write the full case number that is on your court order.

**Plaintiff's and Defendant's name/address/telephone numbers:** Write the names as listed on the court order and the most recent addresses and telephone numbers (home and work) for both parents.

**ITEM 1:** Check the box indicating whether you pay support or receive support under the current court order in your case. Write the amount of money you are ordered to pay or receive (not including arrearages).

**ITEM 2:** Describe the change of circumstance that has occurred since the last time support was modified or reviewed. **YOUR MOTION WILL BE AUTOMATICALLY DISMISSED BY THE COURT IF YOU DO NOT PROVIDE THIS INFORMATION.**

**ITEM 3:** Check the box that shows whether you are asking for a "decrease" in support or an "increase".

**ITEM 4:** Date and sign the motion stating that all information given to the Court by you as a part of your motion is true, accurate and complete to the best of your knowledge.

**ITEM 5:** Complete all information on the Questionnaire.

**THEN,** Make four (4) copies of the completed Motion, Questionnaire and all attachments.

**Instructions  
For In Pro Per Motion to Change Support (cont.)**

MAIL THE MOTION, COMPLETED QUESTIONNAIRE, AND FOUR (4) COPIES PLUS A CHECK OR MONEY ORDER FOR \$60.00 TO PAY FOR THE FILING FEE (\$20.00) AND THE ORDER ENTRY FEE (\$40.00). THE CHECK OR MONEY ORDER MUST BE PAYABLE TO "CLERK OF THE COURT" AND MUST BE SENT TO:

County Clerk's Office  
17<sup>th</sup> Circuit Court  
Kent County Courthouse  
180 Ottawa NW, Suite 2400  
Grand Rapids, MI 49503

**DO NOT MAIL THIS FORM TO THE FRIEND OF THE COURT.** It must be filed with the Circuit Court Clerk at the Kent County Courthouse.

A \$60.00 filing and order entry fee **MUST** be paid when you file the motion. **DO NOT MAIL CASH.** If you go to the courthouse to file your motion, you may pay the filing fee in cash. Your motion will automatically be dismissed if your bank returns your check. **YOU MUST MAKE AND INCLUDE FOUR (4) COPIES OF YOUR MOTION OR IT WILL NOT BE ACCEPTED BY THE CLERK FOR FILING.**

After the Court receives your Motion and filing fee, a copy of the Motion and supporting documents will be sent to the other parent and that parent's financial information will be requested from them. After both parents' information is received, the Michigan Child Support Formula will be applied. If a change in child support is recommended you will receive a proposal to adopt the recommendation and a postcard. If you disagree with the recommendation, mail in the post card to request a hearing. At the hearing, you or your attorney must present evidence to support your position.

**WARNING: DO NOT MAIL THE POSTCARD IF YOU AGREE WITH THE RECOMMENDATION. THIS SLOWS DOWN THE PROCESS.**

**ADJOURNING YOUR HEARING:**

Adjournments or rescheduling your hearing will only be allowed if:

You file a written stipulation (agreement) signed by both parties and filed with the Court,

You file the appropriate motion for adjournment with the Circuit Court, or

You or your attorney attend the hearing and request an adjournment and explain why it is needed.

STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT KENT COUNTY	IN PRO PER MOTION TO CHANGE SUPPORT	CASE NO.
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COURTHOUSE, 180 OTTAWA AVENUE, N.W., SUITE 2400, GRAND RAPIDS, MI 49503 616-632-5480

Plaintiff Name(s), Address(es), & Telephone No(s).

Defendant Name(s), Address(es), & Telephone No(s).

v

1. (Check applicable boxes.)

I  pay  receive

\$ \_\_\_\_\_ (amount) in child support

weekly  monthly

2. Describe the change of circumstance that has occurred since the last time support was modified or reviewed. (Your motion will be automatically dismissed by the court if you do not provide this information)

Evidence is attached (completed questionnaire, pay stubs and all supporting documents)

**I THEREFORE REQUEST:**

3. The support order be  increased  decreased in an amount the Court finds fair.

4. I certify that the information provided is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent filing Motion

\_\_\_\_\_  
Print or type your name

**QUESTIONNAIRE**  
IN PRO PER MOTION TO CHANGE SUPPORT

**Answer the following questions below and attach proof of your current or most recent income information.**

- If you are employed: attach proof of your 4 most recent paycheck stubs AND your W2 from last year.
- If you are not employed: provide the dates of your most recent employment, explain why you are no longer employed, attach proof of your unemployment benefits or disability benefits, proof of your income from your last employer and a recent statement from your doctor providing your work restrictions (if applicable).
- If you are self-employed: attach copies of your last 3 years individual and business tax returns including all schedules and forms.

**THIS INFORMATION / DOCUMENTATION AND COMPLETED QUESTIONNAIRE FORM MUST BE ATTACHED TO YOUR MOTION AT THE TIME OF FILING IT WITH THE CIRCUIT COURT CLERK OR IT WILL BE AUTOMATICALLY DISMISSED!**

Case # \_\_\_\_\_ Number of children with this case \_\_\_\_\_

**Physical Custody:** (Please circle) You / Other Parent / Joint / Split / Other

If joint physical custody, number of overnights the child(ren) are with you \_\_\_\_\_  
(You must also attach a complete copy of the most recent custody and/or parenting time court order.)

**YOUR NAME**

**OTHER PARENT'S NAME**

\_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Date Hired \_\_\_\_\_

**YOUR INCOME:**

Salary:

Interest / Dividends:

Overtime:

Pension / Longevity:

Second Job:

Rental Income / Allowance:

Commissions:

Alimony / Spousal Support:

Bonus/Profit Sharing:

V.A. Benefits:

Unemployment Benefits:

Per Capita:

Workers Compensation:

Adoption Subsidies:

Sick Pay / Disability:

Public Assistance:

Social Security:

Other: (describe)

**YOUR ALLOWABLE EXPENSES:**

Alimony / Spousal Support:

Mandatory Union Dues:

Other Mandatory Payment:

Court Ordered Health Insurance:

You must attach proof of cost.

Is the child(ren) in this case covered? Yes / No (circle)

In total, how many people are covered, including yourself? \_\_\_\_\_

Term Life Insurance in which the child(ren) in this case is the beneficiary:

You must attach proof of cost.

In total, how many beneficiaries are there? \_\_\_\_\_

Other court ordered child support obligations (not including arrears payments):

You must attach a copy of the most recent court orders for support.

Do you have other minor children (biological or legally adopted) living with you? If yes, how many \_\_\_\_\_

Do your children receive direct Social Security payments? (SSD or SSI) Through you / through other parent (circle)

If so, how much? \_\_\_\_\_ For which child(ren)? \_\_\_\_\_

Do you have any work related childcare expenses for the minor child(ren) in this case? Yes / No (circle)

If yes, complete and attach the childcare verification form.

**ADDITIONAL INFORMATION:**

• **What is your educational background?** Less than high school / High school / Trade School / Associates / Bachelor's / Graduate (circle)

• **Your Year End Tax Status:**

[ ] Single [ ] Joint [ ] Head of household Number of exemptions you claim \_\_\_\_\_

• **What is the other parent's occupation?** \_\_\_\_\_

• **Other parent's hourly pay rate or annual salary** \_\_\_\_\_

**IF YOU ARE NOT EMPLOYED OR EMPLOYED PART-TIME complete this next section:**

Name and address of last full-time employer \_\_\_\_\_

Last day employed full-time \_\_\_\_\_ Length of employment \_\_\_\_\_

Position held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Gross (before taxes) earnings from last full-time employment \$ \_\_\_\_\_ [ ] Week [ ] Year

Do you have any medical conditions or restrictions that affect your ability to work? [ ] Yes [ ] No

If yes, explain and provide a doctor's statement providing your work restrictions.

\_\_\_\_\_  
\_\_\_\_\_

<b>STATE OF MICHIGAN 17<sup>TH</sup> JUDICIAL CIRCUIT KENT COUNTY</b>	<b>CHILDCARE VERIFICATION</b>	<b>CASE NO.</b>
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Friend of the Court address: 82 Ionia NW, Suite 200, Grand Rapids MI 49503 Telephone: 877-543-2660  
 foc.mail@kentcountymi.gov https://micase.state.mi.us/portalapp/public/login.html?execution=e1s1

**PARENT INFORMATION:** Complete the top portion of this form and have your childcare provider complete the remainder. It is your responsibility to make sure the form is **COMPLETELY** filled out and returned along with your questionnaire.

Name	
Name(s) and age(s) of child(ren) involved in this case	
Are you receiving financial assistance for childcare from any Federal or State agency? Yes No	
If yes, please state the agency and the amount you are receiving.	

**CHILDCARE PROVIDER INFORMATION:** Please attach a schedule of your most recent childcare rates. The childcare provider must complete the remainder of this form for the above named child(ren).

Name of provider		Address		
City	State	Zip Code	County	Telephone Number

- What date did you begin providing childcare for the above named child(ren)? \_\_\_\_\_
- How many weeks did you provide childcare for the above named child(ren) last year? \_\_\_\_\_
- How many weeks have you provided childcare for the above named child(ren) this year? \_\_\_\_\_
- How much were you paid last year (total) to provide childcare for the above named child(ren)? \_\_\_\_\_
- How much have you been paid so far this year to provide childcare for the above named child(ren)? \_\_\_\_\_

**SCHOOL YEAR RATES: # of weeks you provide childcare for the child(ren) during the school year:**

Name and Age of Child	Avg. # of Hours/Week	Hourly Rate	Total Weekly Rate

**SUMMER SEASON RATES: # of weeks you provide childcare for the child(ren) during the summer/vacation:**

Name and Age of Child	Avg. # of Hours/Week	Hourly Rate	Total Weekly Rate

•Do you require payment for services when the children are absent to guarantee a position in your center? Yes No  
 If yes, please explain: \_\_\_\_\_

•Does a Federal or State agency assist the parent and contribute all or a portion of these childcare costs? Yes No  
 If yes, please provide the agency name and the amount, or the percentage, contributed: \_\_\_\_\_

•Is there any "out of pocket" cost to the parent above what an agency pays? \_\_\_\_\_. If yes, \$ \_\_\_\_\_ / week

**The above information is provided to enable the Friend of the Court to accurately report childcare costs in making a child support recommendation. I certify that the above information is true, accurate, and complete.**

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

Signature of provider \_\_\_\_\_

## OVERNIGHT PARENTING TIME VERIFICATION

**\*\* In order to complete the Income Review on your case, you must complete this form and/or provide a copy of your current parenting time order.\*\***

As of October 1, 2008, the Michigan Child Support Formula factors in the number of annual overnights each parent exercises when determining a child support.

In order to calculate the child support, 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:** (number of overnights per year) \_\_\_\_\_

**Father:** (number of overnights per year) \_\_\_\_\_

If someone other than the biological or adopted parents have custody of the children, then list the number of overnights spent with each parent:

**Mother:** \_\_\_\_\_/year

**Father:** \_\_\_\_\_/year

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

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

\_\_\_\_\_  
Signature

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

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

Please note that failure to respond to this request or agree on the number of overnights 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 based on the best available information.