

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM SPOUSAL SUPPORT ORDER (PAGE 1) <input type="checkbox"/> MODIFICATION	CASE NO.
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Court address **Fax no.** **Court telephone no.**

Plaintiff's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., address, and telephone no.
Defendant's source of income name, address, and telephone no.

1. Spousal Support. Spousal support shall be paid monthly as follows:

Payer:	Payee:	Effective date:
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Spousal support in the amount of \$ _____ shall be paid through the Michigan State Disbursement Unit and paid to the payee. Payments payable to a third party that must be paid directly to, or for the benefit of, the third party are listed below. If an amount is payable to the payee for a particular type of expense, the payee shall make the payment for that expense and hold the payer harmless for any liability the payer may incur because of the payee's failure to pay the expense.

Type	Amount	Pay to
Total		

(See Page 2 for the remainder of the order.)

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**UNIFORM SPOUSAL SUPPORT ORDER
(PAGE 2)**

CASE NO.

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Plaintiff's name

v

Defendant's name

2. Income withholding takes immediate effect for those items payable through the Michigan State Disbursement Unit.

3. This order continues until the following events:

_____ \$ _____ is paid. Death of the payee.
Date

Other (specify all other events)

4. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

5. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. A surcharge will be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.

6. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing within 21 days of any change in: a) their mailing or residence addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603.

7. **Fees.** The payer of support shall pay statutory and service fees as required by law.

8. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved.

9. **Other: (Attach separate sheets as needed.)**

IT IS SO ORDERED.

Plaintiff (if consent/stipulation) Date

Defendant (if consent/stipulation) Date

Plaintiff's attorney Date

Defendant's attorney Date

Date

Judge Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature