STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER DEVIATION ADDENDUM		CASE NO. and JUDGE
Court address			Court telephone no.
Plaintiff's name		Defendant's name	

THE COURT FINDS:

1. Paragraph(s)	in the preceding pages of the uniform order deviate from the Michigan Child
Support Form	la and are warranted to avoid an unjust or inappropriate result.

2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that if the Michigan Child Support Formula were applied, the following would be ordered:

a. Payer, Support Recipient, and Children Supported Under the Order.

Payer:	Support recipient:
Children's names	Annual overnights with payer

b. Support Obligation.

Children supported	1 child	2 children	n 3 child	ren 4 childre	en 5 or more children
Base Support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	 \$
Premium adjust.	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	 \$
☐ Support was reduced because payer's income was reduced.					

C.	Ordinary Medical Expenses. Ordinary medical expenses are the support recipient's co-payments, deductibles
	and other uninsured medical-related costs for all children in this case. Annually, the ordinary medical expense
	amount to be shared between the parties is \$ The payer's portion of ordinary medical expenses is
	listed in the above grid.

	orm Child Support Order Deviation Addendum (12/24) 2 of 2		Case No	
Ū	I. Additional Medical Expenses. Additional med expenses that exceed the children's ordered a	nnual o ual ordi	penses are the support recipient's out-of-pocket (uninsurdinary medical expense amount and any of the support ary medical amount is listed in the paragraph above. For all additional medical expenses.	t
e	health-care expenses when that coverage is a reasonable cost is the parent's net cost of additional cost of additional cost of the parent's net cost of additional cost of the parent's net cost of additional cost of the parent's net cost of the pa	602) that ccessib ing the	t includes payment for hospital, dental, optical, and othe le to the child and available at a reasonable cost. The children to the parent's coverage	
	\square up to a maximum of \$ for pla \square not to exceed 6% of the plaintiff's/defendant		\square up to a maximum of \$ for defendar income.	ıt.
3. <i>A</i>	Applying the Michigan Child Support Formula is u	ınjust o	inappropriate because: (Specify the deviation factors relied on	1.)
(\$	The child support order deviates from the Michiga Specify which provisions of the child support formula create a rovisions.)		Support Formula as follows: or inappropriate result and explain how this order deviates from the	
5. T	he value of property or other support awarded in	nstead o	of the payment of child support: (If not applicable, put none.)	
Plaint	iff (if consent/stipulation)	Date	Defendant (if consent/stipulation)	Date
	iff's attorney	Date	Defendant's attorney	Date
Prep	pared by: Name (type or print)			

NOTE: When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.