



Michigan Supreme Court

State Court Administrative Office

Court Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Jennifer Warner
Director

MEMORANDUM

DATE: November 30, 2020

FROM: Thomas Myers, Forms and Records Manager

RE: Notice of Revisions to FOC 10, FOC 10a, and FOC 10d

Forms FOC 10, FOC 10a, and FOC 10d have been revised. A brief explanation of the changes and a copy of each form with the changes highlighted are provided below.

For questions, comments, or suggestions about these court forms, please contact CourtFormsInfo@courts.mi.gov.

[FOC 10, Uniform Child Support Order](#)

Most recent update: (7/20) version

Use of existing stock: Existing stock cannot be used after December 31, 2020.

- [Click here to see the form.](#)

This form has been revised under 2019 PA 26 and 2019 PA 27, and additional revisions were made to clarify language regarding health coverage and to remove protected personal identifying information.

[FOC 10a, Uniform Child Support Order, No Friend of the Court Services](#)

Most recent update: (7/20) version

Use of existing stock: Existing stock cannot be used after December 31, 2020.

- [Click here to see the form.](#)

This form has been revised under 2019 PA 26 and 2019 PA 27, and additional revisions were made to clarify language regarding health coverage and to remove protected personal identifying information.

November 30, 2020

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[FOC 10d, Uniform Child Support Order, Deviation Addendum](#)

Most recent update: (7/20) version

Use of existing stock: Existing stock cannot be used after December 31, 2020.

➤ [Click here to see the form.](#)

This form has been revised under 2019 PA 26 and 2019 PA 27, and additional revisions were made to clarify language regarding health coverage and to remove protected personal identifying information.

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

UNIFORM CHILD SUPPORT ORDER
 EX PARTE TEMPORARY
 MODIFICATION FINAL

CASE NO. and JUDGE

Court address

Court telephone no.

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

- This order is entered after hearing. after statutory review. on stipulation/consent of the parties.
 The friend of the court recommends child support be ordered as follows.
 If you disagree with this recommendation, you must file a written objection with _____ on or before **21 days** from the date this order is mailed. If you do not object, this proposed order will be presented to the court for entry.
 Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.

IT IS ORDERED, unless otherwise ordered in item **11** or **12**:
 Standard provisions have been modified (see item **11** or **12**).

1. The children who are supported under this order and the payer and payee are:

Payer:	Payee:
Children's names and annual overnights with payer:	
Children's names	Overnights

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

1. **Item 1** (continued).

Children supported:	1 child	2 children	3 children	4 children	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.

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18.

Post-majority Support: The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age:
(Specify name of child and date obligation ends.)

Child Care. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

2. **Health-Care Coverage.** For the benefit of the children, the plaintiff defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is **accessible to the child and** available at a reasonable cost. **The reasonable cost is the parent's net cost of adding the children to the parent's coverage**
 up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
 not to exceed 6% of the plaintiff's/defendant's gross income.

3. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 12.

4. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.

5. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge may 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 in an amount greater than the periodic support payments payable for two months under the payer's support order.

- 6. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: a) their mailing and residential 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 driver's licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.
- 7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Michigan Department of Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.
- 8. **Redirection and Abatement.** Subject to statutory procedures, the friend of the court: 1) may redirect support paid for a child to the person who is providing the actual care, support, and maintenance of that child, or 2) shall abate support changes for a child who resides on a full-time basis with the payer of support.
- 9. **Fees.** The payer of support shall pay statutory and service fees as required by law.
- 10. **Review.** Each party to a support order may submit a written request to have the friend of the court review the order. The friend of the court is not required to act on more than one request received from a party each 36 months. A party may also file a motion to modify this support order.
- 11. **Michigan Child Support Formula Deviation.** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.
- 12. **Other:** (Attach separate sheets as needed.)

13. **Prior Orders.** This order supersedes all prior child support orders and all continuing provisions are restated in this order. Past-due amounts owed under any prior support order in this case are preserved and paid at the rate calculated using the arrearage guideline in the Michigan Child Support Formula.

Judge signature and date

Plaintiff (if consent/stipulation)	_____	Date	Defendant (if consent/stipulation)	_____	Date
Plaintiff's attorney	_____	Date	Defendant's attorney	_____	Date

Prepared by: _____
Name (type or print)

CERTIFICATE OF MAILING

I served a copy of this uniform child support order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I also served the Deviation Addendum (FOC 10d) with this order. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF THE COURT SERVICES <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

This order is entered after hearing. on stipulation/consent of the parties.

An order exempting this case from friend of the court services was entered on _____ .
 (NOTE: If there is no order exempting this case from friend of the court services, form FOC 10/52 must be used.)

IT IS ORDERED, unless otherwise ordered in item **7** or **8**: Standard provisions have been modified (see item **7** or **8**).

1. The children who are supported under this order and the payer and payee are:

Payer:	Payee:
Children's names and annual overnights with payer: Children's names	Overnights

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

1. **Item 1** (continued).

Children supported:	1 child	2 children	3 children	4 children	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.

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18.

Post-majority Support: The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age:
(Specify name of child and date obligation ends.)

Child Care. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

2. **Health-Care Coverage.** For the benefit of the children, the plaintiff defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is accessible to the child and available at a reasonable cost. The reasonable cost is the parent's net cost of adding the children to the parent's coverage
 up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
 not to exceed 6% of the plaintiff's/defendant's gross income.

3. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. Further details, as prescribed by 29 USC 1169(a)(3), are stated in item 8.

4. **Retroactive Modification and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.

5. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing, within 21 days of any change in: a) their mailing and residential 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 driver's licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603.



6. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Michigan Department of Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.

7. **Michigan Child Support Formula Deviation** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.

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

9. **Prior Orders.** This order supersedes all prior child support orders and all continuing provisions are restated in this order. Past-due amounts owed under any prior support order in this case are preserved.

Judge signature and date

Plaintiff (if consent/stipulation) Date Defendant (if consent/stipulation) Date

Plaintiff's attorney Date Defendant's attorney Date

Prepared by: _____
Name (type or print)

CERTIFICATE OF MAILING

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 by MCR 3.203. I certify that I also served the Deviation Addendum (FOC 10d) with this order. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

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

Plaintiff's name	v	Defendant's name
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THE COURT FINDS:

1. Paragraph(s) _____ in the preceding pages of the uniform order deviate from the Michigan Child Support Formula and are warranted to avoid an unjust or inappropriate result.
(Specify paragraph number.)
2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
 - a. The child support obligation that would be ordered by applying the Michigan Child Support Formula is:

Payer:	Payee:
Children's names and annual overnights with payer:	
Children's names	Overnights

Children supported	1 child	2 children	3 children	4 children	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.

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____ % by the plaintiff and _____ % by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

(Item 2 continued.)

Health-Care Coverage. For the benefit of the children, the plaintiff defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is accessible to the child and available at a reasonable cost. The reasonable cost is the parent's net cost of adding the children to the parent's coverage

- up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
- not to exceed 6% of the plaintiff's/defendant's gross income.

b. Applying the Michigan Child Support Formula is unjust or inappropriate because: (Specify the deviation factors relied on.)

c. The child support order deviates from the Michigan Child Support Formula as follows:
(Specify which provisions of the child support formula create an unjust or inappropriate result and explain how this order deviates from the provisions.)

d. The value of property or other support awarded instead of the payment of child support: (If not applicable, put none.)

Plaintiff (if consent/stipulation) Date Defendant (if consent/stipulation) Date

Plaintiff's attorney Date Defendant's attorney Date

Prepared 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.