

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION REGARDING PAYMENT PLAN/ DISCHARGE OF ARREARS	(A) CASE NO.
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Court address

Court telephone no.

(B) Plaintiff's name, address, and telephone no. moving party

Third party name, address, and telephone no. moving party

v

Defendant's name, address, and telephone no. moving party

- (C)** 1. Friend of the court records show that, as of _____ :
Date
- a. my current support is \$ _____ per month. My youngest child in the case will be or was 18 years of age on _____ .
Date
- b. my total arrears are \$ _____. Attached is written proof from the friend of the court office.
- c. I owe \$ _____ support arrears to _____ , the individual payee.
Name
- d. I owe \$ _____ support arrears to the State of Michigan.
- e. I owe \$ _____ for Medicaid/confinement reimbursement arrears.
- f. I owe \$ _____ in statutory fees.
- g. I owe \$ _____ to _____ .
Specify agency/person
2. It is in the best interests of the parties and the child(ren) that a payment plan be ordered in this case.
- (D)** 3. I understand that the individual payee must consent to entry of an order for payment plan when the arrears are owed to that individual. The payee's consent was not given under fear, coercion, or duress.
- (E)** 4. I owe arrears to the State of Michigan or a political subdivision and, absent a payment plan, I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.
5. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.
- (F)** 6. I have gross income in the amount of \$ _____ per _____. I understand that I must provide adequate records to show proof of my income.
- (G)** 7. I have assests, solely or jointly owned, as of this date, as follows: (assests include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description	Net Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

(See page 2 for remainder of motion.)

7. (continued.) Attach a separate sheet if more space is needed.

Description	Net Value
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

8. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

- H** 9. I ask:
- a. that the court order a payment plan of \$ _____ per month for _____ months toward support arrears in this case.
 - b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
 - c. that the court grant me such other and further relief as is just and appropriate.

I 10. I further ask that once I complete this payment plan, the court enter an order discharging any remaining arrears.

Date

Signature

NOTICE OF HEARING

J A hearing will be held on this motion before _____ Judge/Referee Bar no. _____
 on _____ at _____ at _____
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

Note: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 117.

CERTIFICATE OF MAILING

K I certify that on this date I served a copy of this motion on the parties or their attorneys and as appropriate to the Office of Child Support or political subdivision by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature