

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	RESPONSE TO 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. I state that I am am not acting under fear, coercion, or duress.

(D) 2. It is is not in the best interests of the parties and the child(ren) that a payment plan be ordered.

(E) 3. I agree do not agree with the payment plan as presented in the motion.

Explain in detail what you do not agree with in item 9a of the motion and why. Include all necessary facts. Use a separate sheet of paper if needed and attach.

(F) 4. I agree with the other party to discharge support owed to me in the amount of \$ _____ .

(G) 5. I ask the court to
 a. order the payment plan requested in the motion.
 b. order a modified payment plan as follows:

c. deny the motion for payment plan.

(H) _____
Date

Responding party's signature

CERTIFICATE OF MAILING

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

(I) _____
Date

Responding party's signature