

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>SUPERVISION ORDER (SUPPORT ENFORCEMENT)</b>	<b>CASE NO.</b>
--	--	-----------------

Court address Court telephone no.

Plaintiff's name, address, and telephone no. <input type="checkbox"/> Respondent
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no. <input type="checkbox"/> Respondent
Defendant's attorney, bar no., address, and telephone no.

**IT IS ORDERED:**

1. Respondent is placed under the supervision of the friend of the court. Respondent shall participate in the services checked below. Unless a provider is named, respondent may choose a provider from the friend of the court's approved list.

- a. \_\_\_\_\_ parenting program.
- b. A parenting-skills program, sponsored by \_\_\_\_\_ .
- c. \_\_\_\_\_ work program, sponsored by \_\_\_\_\_ .
- d. \_\_\_\_\_ job-skills program.
- e. A public-service program, sponsored by \_\_\_\_\_ .
- f. Job referral at the friend of the court.
- g. A work-detail program operated by the county sheriff.
- h. Life-skills training, sponsored by \_\_\_\_\_ .
- i. \_\_\_\_\_ counseling (specify credit, job, anger, drug, alcohol, etc.).
- j. A community-corrections program, sponsored by \_\_\_\_\_ .
- k. A drug and alcohol assessment, sponsored by \_\_\_\_\_ . If a recommendation is issued as a result of the drug and alcohol assessment, the respondent shall comply with the recommendation.
- l. Other:

2. \_\_\_\_\_ is responsible for paying the costs of supervision.  
Name

3. The friend of the court shall monitor the terms of this order, including the respondent's continued compliance with the current support and arrearage plan.

4. The respondent must report to the friend of the court \_\_\_\_\_ , or at the request of the friend of the court.  
Frequency (weekly, monthly, etc.)

\_\_\_\_\_  
Date Judge Bar no.