

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	CERTIFICATE ON BEHALF OF PLAINTIFF REGARDING EX PARTE INTERIM SUPPORT ORDER	CASE NO.
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PLAINTIFF'S NAME

v.

DEFENDANT'S NAME

REVIEW BOTH SIDES OF THIS FORM BEFORE COMPLETING.

IF YOU ARE **NOT** PRESENTING AN EX PARTE ORDER, COMPLETE THIS SIDE OF THIS FORM.
IF YOU ARE PRESENTING AN EX PARTE ORDER, COMPLETE THE OTHER SIDE OF THIS FORM.
PLEASE PUT A LARGE 'X' ACROSS THE SIDE YOU ARE NOT COMPLETING.

_____ I AM **NOT** PRESENTING AN EX PARTE INTERIM SUPPORT ORDER FOR ENTRY AT THIS TIME DUE TO THE FOLLOWING REASON(S): (CHECK THE REASON(S) THAT APPLY).

- ___ 1. A prior order for support of the minor child/children is in effect:
Name of County _____ Case Number _____
- ___ 2. The non-custodial party is not the parent of the child/children named in the complaint and the complaint so states.
- ___ 3. The Court lacks personal jurisdiction over the Defendant because the whereabouts of the Defendant are unknown. Service will be by publication.
- ___ 4. The parties are presently residing together and the child/children are being adequately supported and there is no public assistance or application for public assistance pending.
- ___ 5. I am the custodial parent and the other party is providing appropriate support for the child/children and there is no public assistance or pending application for public assistance pending.
- ___ 6. The child/children are receiving Social Security Dependant Benefits as support.
- ___ 7. The non-custodial parent is unemployed, receives Public Assistance or Supplemental Security Income (SSI) and has no other source of income. A request for a Friend of the Court child support investigation has been made.
- ___ 8. The ability of the non-custodial parent to provide support for the minor child/children has not been determined. A motion for a temporary child support order has been filed.
- ___ 9. Other _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ / _____ P _____

Attorney's or Party's Printed Name/Signature

Address _____

City _____ State _____ Zip Code _____ Telephone _____

- A. Please check the appropriate item(s), sign and serve the original of this certificate, the complaint (or counter-claim or petition) and an MSA 27A.659, MCL 600.659 custody affidavit upon the Court, the County Clerk, the Friend of the Court, and the other party. **A 'VERIFIED STATEMENT- FRIEND OF THE COURT' MUST BE SERVED ON THE FRIEND OF THE COURT AND THE OTHER PARTY. DO NOT GIVE THE COUNTY CLERK THE VERIFIED STATEMENT.**
- B. Provide the Office of the Friend of the Court with a copy of the **PROOF OF SERVICE** setting forth that each of the documents referred to in Instruction A have been served upon the other party.

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PLAINTIFF'S NAME	v.	DEFENDANT'S NAME
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_____ **I AM PRESENTING AN EX PARTE INTERIM SUPPORT ORDER FOR ENTRY, WHICH INCLUDES THE FOLLOWING PROVISIONS: (CHECK THE PROVISION AND/OR CIRCLE THE CORRECT CHOICE)**

_____ CUSTODY [with Names and Dates of Birth of minor child(ren)] MCL 552.15

_____ SOLE LEGAL AND PHYSICAL CUSTODY TO *PLT / DFT*

_____ JOINT LEGAL, SOLE PHYSICAL CUSTODY TO *PLT / DFT*

_____ JOINT LEGAL AND PHYSICAL CUSTODY

_____ ADDRESSES (NOTIFY FOC IF THERE IS A CHANGE) MCR 3.211 (D) (2)

_____ CHILD'S RESIDENCE

_____ PARTIES' RESIDENCE

_____ EMPLOYER'S

_____ DOMICILE MCR 3.211 (C)(1)

_____ PARENTING TIME MCL 722.27a

_____ SUPPORT MCR 3.211 (D) & (E)

_____ PAYABLE THRU FOC

_____ IF MORE THAN ONE CHILD, IN FORM OF, e.g., "\$100 For two children, \$64 for one child...etc."

_____ IMMEDIATE INCOME WITHHOLDING

_____ STATUTORY FEES

_____ HEALTH CARE MCR 3.211 (E)(3), MCL 722.27 and .3.

_____ NOTICE REGARDING OBJECTIONS REQUIRED BY MCR 3.207 B(5).

I CERTIFY THAT I AM PRESENTING A SUPPORT ORDER THAT AGREES WITH THE MICHIGAN CHILD SUPPORT GUIDELINES.

DATE _____ / _____ P _____
 Attorney's or Party's Printed Name/Signature

Address _____

City _____ State _____ Zip Code _____ Telephone _____

- A. Please check the appropriate item(s), sign and serve the original of this certificate, the complaint (or counter-claim or petition) and an MSA 27A.659, MCL 600.659 custody affidavit upon the Court, the County Clerk, the Friend of the Court, and the other party. **A 'VERIFIED STATEMENT- FRIEND OF THE COURT' MUST BE SERVED ON THE FRIEND OF THE COURT AND THE OTHER PARTY. DO NOT GIVE THE COUNTY CLERK THE VERIFIED STATEMENT.**
- B. Provide the Office of the Friend of the Court with a copy of the **PROOF OF SERVICE** setting forth that each of the documents referred to in Instruction A have been served upon the other party.

STATE OF MICHIGAN
THIRD JUDICIAL COURT
WAYNE COUNTY

CERTIFICATE OF CONFORMITY
FOR DOMESTIC RELATIONS
ORDER OR JUDGMENT

CASE NO.

Penobscot Bldg. 645 Griswold Ave. Detroit, MI 48226

313-224-5372

PLAINTIFF'S NAME

DEFENDANT'S NAME

v

I certify the attached Order of Judgment as presented for entry to be in full conformity with the requirements set forth by statute, INCLUDING A PROVISION FOR IMMEDIATE INCOME WITHHOLDING (WHICH SHALL BE IMPLEMENTED BY THE FRIEND OF THE COURT). THE PAYER'S SOCIAL SECURITY NUMBER AND THE NAME AND ADDRESS OF HIS/HER SOURCE OF INCOME, IF KNOWN, UNLESS OTHERWISE ORDERED BY THE COURT, and with Michigan Court Rules 3.201 and following and if applicable, includes all provisions of the Friend of the Court recommendation or is in conformity with the decision of

_____ rendered on the _____ day of
_____, 20_____.

Date

Instructions:

Please sign and present this certificate to the Court Clerk when the Order or Judgment is presented for entry. If an ex parte interim order is being presented to the Judge, please complete the "Certificate on behalf of Plaintiff regarding Ex Parte Interim Support Order: and follow Local Court Rule 3.206.