

# **COMPLAINT FOR PATERNITY DUE TO** **JUVENILE COURT PROCEEDINGS**

## **USE THIS SET OF FORMS ONLY IF:**

- You have a neglect or abuse case pending in the Wayne County Juvenile Court
- You have no prior case in Wayne County involving this child(ren)
- You are not currently listed on this child(ren)'s Birth Certificate and/or an Acknowledgement of Paternity for this child(ren) is not on file with the State
- There has not been a Court determination of paternity or custody of this child(ren)
- You still have at least one child on this case that is under 18 years old
- You want to establish paternity of the child(ren) in your case

**This Complaint must be filed in the Coleman A. Young Municipal Center (CAYMC) building at Two Woodward Avenue, Detroit, MI 48226 in Room 201. It will cost you \$175.00 to file this Complaint (unless fees are waived-see below). The County Clerk's Office accepts cash; debit cards; MasterCard, American Express, and Discover credit cards; and certified checks or money orders made payable to the Wayne County Clerk.**

***If you cannot afford the filing fee, you can ask the Chief Judge for an Order waiving the filing fee. The Fee Waiver forms are included in this packet. You can ONLY do this in person and you must have a State-issued photo ID card and proof of your income and/or public assistance.***

***If the Chief Judge waives your filing fee the waiver is only good the same day as it is signed. You must file your complaint that same day.***

***The County Clerk's office is open from 8:00 a.m. to 4:30 p.m.***

## **INSTRUCTIONS:**

1. Fill out all of the attached forms; thoroughly and completely. Failure to do so may result in your filing being rejected or dismissed. **Use BLACK OR BLUE INK ONLY**
2. Write your Domestic Division Case number (including the two letters at the end) in the upper right corner of every page and your Juvenile Court Case number (including the two letters at the end) underneath it.
3. **Attach a complete copy of your most recent Juvenile Court Order(s) to your forms.**
4. Leave the forms in numerical order. Make 3 sets of copies of pages 1 through 4 and all of your attachments before you bring them to Court to file them.
5. Bring all the original forms plus the 3 sets of copies to file.
6. You will be instructed to complete a form (MC 21), which lists all of your prior cases involving this minor child(ren). You must go to the Record Room located in the basement of CAYMC to confirm and list all prior cases.

7. Always keep a copy of every paper you file with the Court and bring them to the hearing.

### **IF YOU ARE FILING IN PERSON:**

1. Take your original set of complaint, your copies, Form MC 21 (list of all prior cases), and your filing fees (or signed Order waiving filing fees) to the Wayne County Clerk in **Room 201 (CAYMC 2<sup>nd</sup> floor)**. You will be given case labels (stickers).
2. Put case labels (stickers) in the upper right corner of all original documents and only on pages 1 and 2 of each of your copies. Case labels are free and available in **Room 201**.
3. If you have an Order waiving your filing fees, give it to the Clerk.
4. The Clerk will keep the original forms and have you pay at the Cashier counter.

### **IF YOU ARE FILING BY MAIL:**

1. Note: You cannot obtain a filing fee waiver by mail.
2. Write your Case Number in the upper right corner of every page.
3. Mail your original forms, 3 sets of copies and a money order or certified check for the filing fees to: **Wayne County Clerk, Room 201, Coleman A. Young Municipal Center, Detroit, MI 48226**.
4. Keep copies of everything you mail to the Court.
5. Include a Self-Addressed Stamped Envelope and a letter asking the County Clerk to mail you a receipt and a copy of your motion stamped "filed."
6. You will receive your hearing date by mail.

### **QUESTIONS?**

Call the Wayne County Friend of the Court at 877-543-2660. Employees of the Friend of the Court and the Wayne County Circuit Court cannot give you legal advice or help preparing documents. General Court Information can be found on the website: [www.3rdcc.org](http://www.3rdcc.org).

**Failure to complete all of the above steps may result in delay or dismissal of your motion.**

**The Court is required by law to use the Michigan Child Support Formula to set the child support amount, unless the Court finds that application of the formula would be unjust or inappropriate.**

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	COMPLAINT FOR PATERNITY DUE TO JUVENILE COURT PROCEEDINGS	CASE NO.  (DP)
---	--	----------------------

2 Woodward Ave, Detroit, MI 48226

Plaintiff's name, address, telephone number, and email:	v	Defendant's name, address, telephone number, and email:

There is an action currently pending involving the family or family members who are subject to a juvenile court petition in case no. \_\_\_\_\_ and is assigned to Judge \_\_\_\_\_.

1. Mother is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.
2. Mother  has  has not been a resident in Michigan for at least 6 months and  has  has not been a resident of Wayne County for at least 10 days immediately preceding the filing of this Complaint.
3. Father is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.
4. Father  has  has not been a resident in Michigan for at least 6 months and  has  has not been a resident of Wayne County for at least 10 days immediately preceding the filing of this Complaint.
5. The parties  are  are not married to one another.
6. The Mother  was  was not married to another person at the time of the birth of the child(ren) and the child(ren)  was  was not born within 10 months of a Judgment of Divorce.
7.  The parties have not filed an Affidavit of Parentage for the child(ren) and/or the alleged father is not on the child(ren)'s Birth Certificate.
8.  Plaintiff  Defendant is the alleged father of the following minor child(ren):  
 \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_
9. The minor child(ren)  has  has not continuously been a resident in Michigan for at least 6 months and  has  has not been a resident of Wayne County for at least 10 days immediately preceding the filing of this Complaint.
10. Pursuant to MCL 722.1209, you must complete and attach the Uniform Child Custody Jurisdiction Enforcement Act Affidavit or this complaint will be dismissed.
11. **Physical Custody (party child primarily lives with):**  Mother  Father  Both parties is/are fit and proper to have physical custody of the minor child(ren) of the parties and it is in the best interests of the minor child(ren) to award  sole  joint physical custody of the minor child(ren) to  Mother  Father  Both parties.
12. **Legal Custody (important decisions involving child – medical; educational; religious):**  Mother  Father  Both parties is/are fit and proper to make major decisions regarding the minor child(ren) of the parties and it is in the best interests of the minor child(ren) to award  sole  joint legal custody of the minor child(ren) to  Mother  Father  Both parties.
13. **Parenting Time:**  Mother  Father  is  is not fit and proper for parenting time and it is in the best interests of the minor child(ren) to award  reasonable  specific  supervised  reserved parenting time.
14. The minor child(ren) needs financial support, including health and hospitalization insurance, other medical support, and child-care expenses. Child support and other expenses should be calculated and ordered according to the Michigan Child Support Formula.

<b>STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY</b>	<b>COMPLAINT FOR PATERNITY DUE TO JUVENILE COURT PROCEEDINGS</b>	<b>CASE NO.</b>  <div style="text-align: right;"><b>(DP)</b></div>
--	--	--

2 Woodward Ave, Detroit, MI 48226

Plaintiff's name, address, telephone number, and email:	<b>v</b>	Defendant's name, address, telephone number, and email:
---	----------	---

**I REQUEST:**

15. The Court enter an Order of Filiation establishing paternity of the above-named child(ren).
16. The Court award  Mother  Father  Both parties be given  sole  joint physical custody of the minor child(ren).
17. The Court award  Mother  Father  Both parties be given  sole  joint legal custody of the minor child(ren).
18.  Mother  Father  is  is not fit and proper for parenting time and it is in the best interests of the minor child(ren) to award  reasonable  specific  supervised  reserved parenting time.
19. The Court enter an Order for Child Support, including medical and child-care expenses, as calculated according to the Michigan Child Support Formula.
20. The parties be ordered to provide health and hospitalization insurance for the minor child(ren) and to pay medical, dental, orthodontic, and hospital expenses not covered by insurance, both permanently and while this action is pending.
21. Any other relief that the court deems fair and proper.

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff's Attorney

<b>STATE OF MICHIGAN</b> CIRCUIT COURT - FAMILY DIVISION COUNTY	<b>CASE INVENTORY ADDENDUM</b> (FAMILY DIVISION)	<b>CASE NO.</b>  <b>PETITION NO.</b>
---	---	--

Plaintiff's name	<b>v</b>	Defendant's name
In the matter of _____		

**Instructions:** List any known pending or resolved family division cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. Then, attach the completed form to the complaint or petition. Complete and attach additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

**Note:** You must serve this form on the other parties with the summons and complaint or petition.

Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case / File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case / File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case / File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case / File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state) <input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name	Case / File no.	
Assigned judge	Case status <input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT PROBATE COURT COUNTY</b>	<b>UNIFORM CHILD CUSTODY JURISDICTION ENFORCEMENT ACT AFFIDAVIT</b>	<b>CASE NO.</b>
--	---	-----------------

Court address

Court telephone no.

<b>CASE NAME:</b>
-------------------

1. The name and present address of each child (under 18) in this case is:
  
2. The addresses where the child(ren) has/have lived within the last 5 years are:
  
3. The name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:
  
4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this state or any other state, **except:** Specify case name and number, court name and address, and date of child custody determination, if one.
  
5. I do not know of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this state or any other state, **except:** Specify case name and number, court name and address, and nature of the proceeding.  
  
 That proceeding  is continuing.  has been stayed by the court.  
 Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation.
  
6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except:** State name(s) and address(es) of each person.

7. The child(ren)'s "home state" is \_\_\_\_\_ . See back for definition of "home state."

8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

Signature of affiant	Name of affiant (type or print)	Address of affiant
----------------------	---------------------------------	--------------------

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Date      Signature: \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_

"Home state" means the state in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the state in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period.

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>		<b>VERIFIED STATEMENT</b>				<b>CASE NO.</b>
1. Parent's last name			First name	Middle name	2. Any other names by which parent is or has been known	
3. Date of birth		4. Social security number			5. Driver's license number and state	
6. Mailing address and residence address (if different)						
7. E-mail address						
8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.
15. Home telephone no.		16. Work telephone no.		17. Occupation		
18. Business/Employer's name and address					19. Gross weekly income	
20. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No						
21. Other parent's last name			First name	Middle name	22. Any other names by which parent is or has been known	
23. Date of birth		24. Social security number			25. Driver's license number and state	
26. Mailing address and residence address (if different)						
27. E-mail address						
28. Eye color	29. Hair color	30. Height	31. Weight	32. Race	33. Gender	34. Scars, tattoos, etc.
35. Home telephone no.		36. Work telephone no.		37. Occupation		
38. Business/Employer's name and address					39. Gross weekly income	
40. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No						
41. a. Name and sex of minor child in case		M / F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address
42. a. Name and sex of other minor child of either party		M / F	b. Birth date	c. Age	d. Residential address	
43. Health care coverage available for each minor child						
a. Name of minor child		b. Name of policy holder		c. Name of insurance co./HMO		d. Policy/Certificate/Contract/Group no.
44. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.						

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or [courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf](http://courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf)



# APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan  
Friend of the Court

FOR OFFICE USE ONLY		
App Request Date	App Returned Date	IV-D Case Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

**AUTHORITY:** 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)	Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)
What is your relationship to the child(ren) for whom you are applying for child support services? <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both

## A. Mother's Information

Mother's Name (First, Middle, Last)	Mother's Social Security Number
Mother's Mailing Address (Street, City, State, Zip Code)	Mother's Telephone Number

## B. Father's Information

Father's Name (First, Middle, Last, Suffix)	Father's Social Security Number
Father's Mailing Address (Street, City, State, Zip Code)	Father's Telephone Number

## C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

Yes       No

## D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

Yes (Check one if different than 25%)      10%      50%

No, please contact me before you try to recover an amount from my support payments.

## E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents*, at [www.michigan.gov/childsupport](http://www.michigan.gov/childsupport) in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

\_\_\_\_\_  
Applicant or Attorney of Record Signature (Signature is required)      Applicant or Attorney of Record Printed Name      Date

If signed by an attorney, (s)he is acting on behalf of \_\_\_\_\_  
Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**Return this completed application to your local Friend of the Court Office.**

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO.</b>
--	---------------------------	-----------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
Plaintiff's/Petitioner's attorney, and bar no.		Defendant's/Respondent's attorney and bar no.
<input type="checkbox"/> Probate In the matter of _____		

**Instructions:** Complete the form and file it with the clerk. After you receive a decision on your request, you must serve your request and the decision on the other party.

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- 1. I receive the following type(s) of public assistance because of indigence:
  - Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_

My public assistance case number(s) (if any) is \_\_\_\_\_ .  
Write "none" if no case number. Do not write your SSN.

- 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_ .

- 3. I am unable to pay the fees and I did not check item 1 or 2.  
My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_ .  
The number of people in my household is \_\_\_\_\_ . Week/Two weeks/Month/Year  
My source of income is \_\_\_\_\_ .  
List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date Signature

**FOR CLERK USE ONLY:** Payment of filing fees is waived.

\_\_\_\_\_  
Date Signature of court clerk

**ORDER**

**IT IS ORDERED:**

- 1. Payment of filing fees is waived because:
  - a. Your gross household income is under 125% of the federal poverty guidelines.
  - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- 2. The fee waiver request is denied because:
  - a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - b. Other:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.