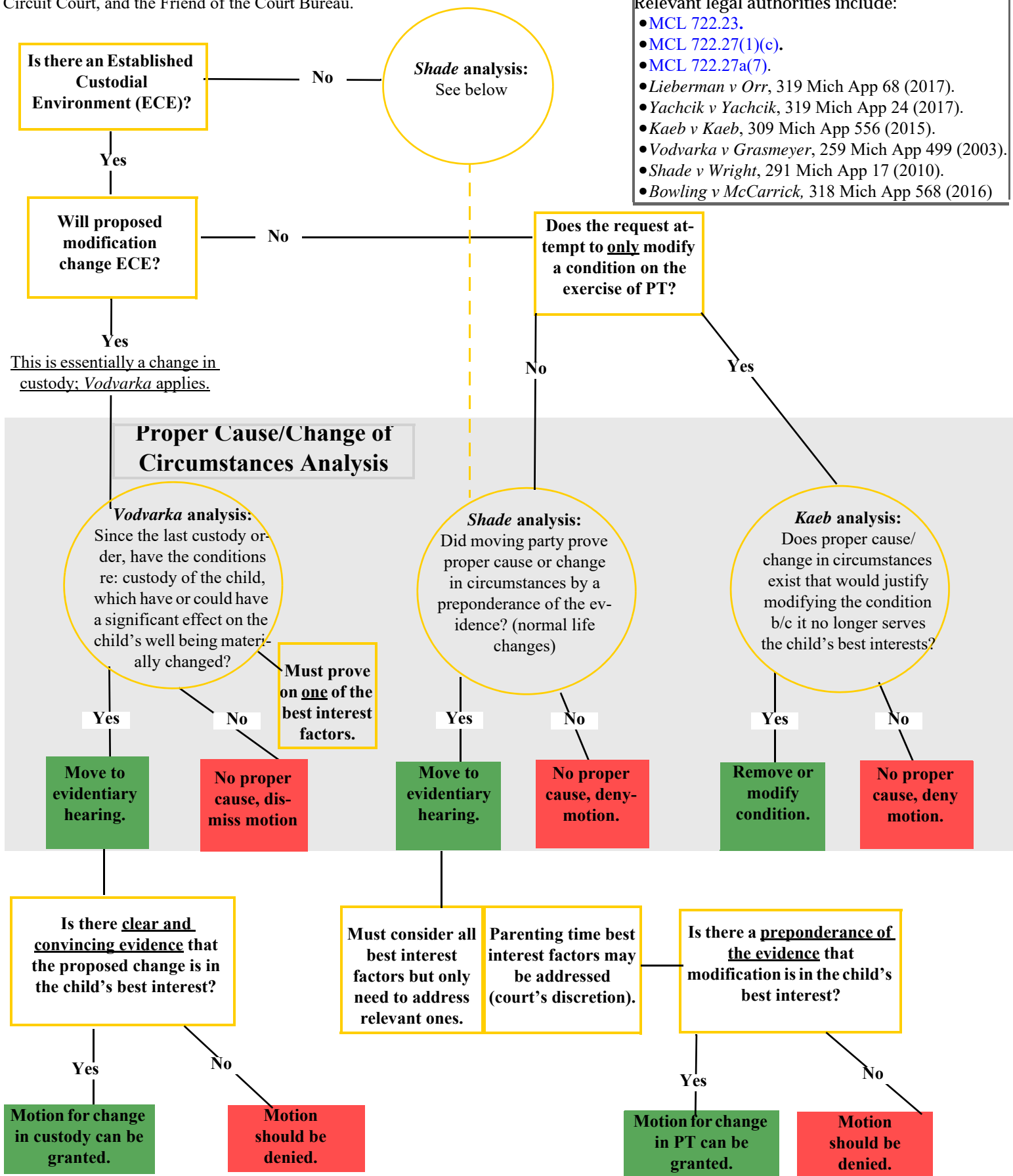


Modification of Parenting Time Flowchart

This MJI flowchart was created in collaboration with Third Circuit Court, and the Friend of the Court Bureau.

Relevant legal authorities include:

- MCL 722.23.
- MCL 722.27(1)(c).
- MCL 722.27a(7).
- *Lieberman v Orr*, 319 Mich App 68 (2017).
- *Yachcik v Yachcik*, 319 Mich App 24 (2017).
- *Kaeb v Kaeb*, 309 Mich App 556 (2015).
- *Vodvarka v Grasmeyer*, 259 Mich App 499 (2003).
- *Shade v Wright*, 291 Mich App 17 (2010).
- *Bowling v McCarrick*, 318 Mich App 568 (2016)



COMPLAINT FOR CUSTODY, PARENTING TIME, AND CHILD SUPPORT 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 still have at least one child on this case that is under 18 years old
- Paternity has already been established either by the Court, a filed Affidavit of Parentage, or you are on the child(ren)'s Birth Certificate
- You want the Court to enter Orders for Custody, Parenting Time, and Child Support of the child(ren) in your case

This Complaint must be electronically filed at the Wayne County Clerk's Office. It will cost you \$175.00 to file this Complaint (unless fees are waived-see below). You must pay the fee online at www.govpaynow.com and use Pay Location Code 6223. Proof of this payment must be submitted along with your Complaint and any attachments when you file.

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 must provide a copy of your State-issued photo ID card and proof of your income and/or public assistance. You must submit this documentation prior to filing your Complaint. Submit your fee waiver request, ID, and proof of income/public assistance to filings@3rdcc.org. Failure to submit all of this documentation will result in a denial or rejection of your filing.

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. You must complete the Case Inventory Form (MC 21), which lists all of your prior cases involving this minor child(ren). You may search your name on Odyssey Public Access at www.3rdcc.org/OPA or e-mail the Wayne County Record Room at wcrecordroom@waynecounty.com.
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. Always keep a copy of every paper you file with the Court and bring have them available at your hearing.

IF YOU ARE FILING ONLINE (RECOMMENDED):

1. E-mail your complaint, Form MC 21(list of all prior cases), all other attachments and your receipt of payment of the filing fee (or signed Order waiving filing fees) to filings@3rdcc.org. Every form must be in pdf form and be separate attachments in your e-mail.
2. To ensure your case has been filed, please visit Odyssey Public Access at www.3rdcc.org/OPA and search for the newly filed action.

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?

For assistance in filing, call the Wayne County Clerk's Office of the Court at 313-224-6262. 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.

For assistance in completing the paperwork, you may contact Lakeshore Legal Aid at (888) 783-8190 or William Booth Legal Aid Clinic at (313) 361-6340.

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

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.

MCR 2.002

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	COMPLAINT FOR CUSTODY, PARENTING TIME, AND CHILD SUPPORT DUE TO JUVENILE COURT PROCEEDINGS	CASE NO. (DC)
---	--	----------------------

2 Woodward Ave, Detroit, MI 48226

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

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 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.
6. The parties are are not married to one another.
7. 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 to another person.
8. Mother and Father have a minor child(ren) together. The complete name and date of birth for each child is:
(Attach additional sheets if necessary)

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
9. Mother and Father acknowledged paternity by signing an Affidavit of Parentage or are listed on the Birth Certificate for the following minor child(ren):

10. Attached is a copy of the Affidavit of Parentage or Birth Certificate for each minor child listed. **A copy of the Affidavit of Parentage or Birth Certificate for each minor child must be attached as a pdf to confirm that paternity has been established.**
11. Pursuant to MCL 722.1209, you must complete and attach Uniform Child Custody Jurisdiction Enforcement Act Affidavit (MC 416) or this complaint will be dismissed.
12. **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.
13. **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.

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	COMPLAINT FOR CUSTODY, PARENTING TIME, AND CHILD SUPPORT DUE TO JUVENILE COURT PROCEEDINGS	CASE NO. (DC)
--	---	------------------------------------

2 Woodward Ave, Detroit, MI 48226

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

14. **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.
15. The minor child(ren) need 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.

I REQUEST:

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

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

Plaintiff's name	v	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

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

Court address

Court telephone no.

CASE NAME:

- The name and present address of each child (under 18) in this case is:
- The addresses where the child(ren) has/have lived within the last 5 years are:
- The name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:
- 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.
- 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.
- 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.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		VERIFIED STATEMENT				CASE NO.	
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

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.) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
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	

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 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.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
--	---------------------------	-----------------

Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	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.

MOTION FOR CHANGE IN CUSTODY DUE TO JUVENILE COURT PROCEEDINGS

USE THIS SET OF FORMS ONLY IF:

- You have a prior or current case pending in Wayne County Circuit Court Domestic Division
- You have a neglect or abuse case pending in the Wayne County Juvenile Court
- You still have at least one child involved with these actions that is under 18 years old
- You want to change physical custody of the child(ren) in your case
[physical custody means where the child(ren) lives most of the time]

This Motion must be electronically filed at the Wayne County Clerk's Office. It will cost you \$100.00 to file this motion (unless fees are waived-see below). You must pay the fee online at www.govpaynow.com and use Pay Location Code 6223. Proof of this payment must be submitted along with your Complaint and any attachments when you file.

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 must provide a copy of your State-issued photo ID card and proof of your income and/or public assistance. You must submit this documentation prior to filing your Complaint. Submit your fee waiver request, ID, and proof of income/public assistance to filings@3rdcc.org. Failure to submit all of this documentation will result in a denial or rejection of your filing.

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. You must complete the Case Inventory Form (MC 21), which lists all of your prior cases involving this minor child(ren). You may search your name on Odyssey Public Access at www.3rdcc.org/OPA or e-mail the Wayne County Record Room at wcrecordroom@waynecounty.com.
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. **You must attach a copy of the last Judgment or Order regarding custody that you are seeking to change. If you do not have a copy of this Order you must obtain it from the Friend of Court (for DP and DS cases) or the Wayne County Record Room (for DM, DC, and DZ cases). For FOC Records, submit a Request to Access to Records request ([FOC Form 4022](#)). Wayne County records contact the Record Room at wcrecordroom@waynecounty.com.**
4. Always keep a copy of every paper you file with the Court and bring have them available at your hearing.

IF YOU ARE FILING ONLINE (RECOMMENDED):

1. E-mail your complaint, Form MC 21 (list of all prior cases), all other attachments and your receipt of payment of the filing fee (or signed Order waiving filing fees) to filings@3rdcc.org. Every form must be in pdf form and be separate attachments to your email.
2. To ensure your case has been filed, please visit Odyssey Public Access at www.3rdcc.org/OPA and search for the newly filed action.

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?

For assistance in filing, call the Wayne County Clerk's Office of the Court at 313-224-6262. 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.

For assistance in completing the paperwork, you may contact Lakeshore Legal Aid at (888) 783-8190 or William Booth Legal Aid Clinic at (313) 361-6340.

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

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	MOTION TO CHANGE CUSTODY DUE TO JUVENILE COURT PROCEEDINGS	Domestic Relations Case NO.: Juvenile Court Case No.
--	---	---

Please print or type ALL information

Plaintiff's name, address, telephone no., and <u>email address</u> Attorney name, address, telephone no., and email address <input type="checkbox"/> This party is incarcerated and a telephone hearing is required Prisoner ID# _____ Dept. of Corrections' Prison Name _____	Defendant's name, address telephone no., and <u>email address</u> Attorney name, address, telephone no., and email address <input type="checkbox"/> This party is incarcerated and a telephone hearing is required Prisoner ID# _____ Dept. of Corrections' Prison Name _____
---	--

ALL BLANKS MUST BE COMPLETE.

1. An Order for Custody or a Judgment of Divorce was entered in this case providing for custody of the following child(ren) **(You must attach a copy of the last Judgment or Order regarding custody that you are seeking to change. If you do not have a copy of the last Judgment or Order, please refer to Step #3 under "Instructions" to obtain a copy.)**

Child(ren) name and date of birth:

Who does child(ren) currently live with and since when:

2. Custody should be changed because there is proper cause or a change of circumstances in that Juvenile Child Protective Proceedings are pending. (Attach Required Worksheets and additional sheets if necessary.) Please explain why juvenile case is pending:

3. I am requesting the Court modify custody and parenting time as follows:

- **Physical Custody (party child primarily lives with):** Mother Father Both parties is/are fit and proper to have physical custody (who the child should live with) 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.

- **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 (decision making) of the minor child(ren) to Mother Father Both parties.

For referral to Juvenile Court

- **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

4. I am am not currently ordered to pay child support.
5. I am am not requesting that my child support obligation stop.
6. I am am not requesting the opposing party pay child support, including medical and child-care expenses, as calculated according to the Michigan Child Support Formula.
7. 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/Defendant

Date

Plaintiff's/Defendant's Attorney

PLEASE BE ADVISED THAT YOUR MOTION WILL BE DENIED IF YOU DO NOT PROVIDE PROOF OF PROPER CAUSE OR A CHANGE OF CIRCUMSTANCES WHICH HAS OCCURRED SINCE THE ENTRY OF YOUR LAST CUSTODY ORDER

**WORKSHEET FOR REQUEST TO CHANGE CUSTODY:
BEST INTERESTS OF THE CHILD(REN) FACTORS**

The Court must decide if the facts of your case are enough under the law to consider changing custody. The Court will consider the following factors to decide if the change you are asking for will be in the best interest of your child(ren). Please write out all of the facts that you think prove each of the factors in this worksheet. If you have documents that prove your facts, attach copies. Use extra pages if necessary.

THIS FORM MUST BE COMPLETED IN FULL OR YOUR MOTION WILL BE RETURNED OR DENIED.

FACTOR	MY FACTS
a) The love, affection, and other emotional ties existing between the parties involved and the child.	
b) The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue the education and raising of the child in his or her religion or creed.	
c) The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.	
d) The length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining the continuity.	
e) The permanence, as a family unit, of the existing or proposed custodial home or homes.	

<p>f) The moral fitness of the parties involved.</p>	
<p>g) The mental and physical health of the parties involved.</p>	
<p>h) The home, school and community record of the child.</p>	
<p>i) The reasonable preference of the child, if the Court considers the child to be of sufficient age to express preference.</p>	
<p>j) The willingness and ability of each of the parties to facilitate and encourage a close and continuing parent-child relationship between the child and the other parent or the child and the parents.</p>	
<p>k) Domestic violence, regardless of whether the violence was directed against or witnessed by the child.</p>	
<p>l) Any other factor considered by the Court to be relevant to a particular child custody dispute.</p>	

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	REQUEST FOR HEARING IN JUVENILE COURT ON A DOMESTIC RELATIONS CUSTODY MOTION	DOMESTIC RELATIONS CASE NO.: JUVENILE CASE NO.:
---	---	--

Plaintiff's Name, Address, Telephone No., and <u>E-mail</u> :
Attorney's Name, Bar No., Address, Telephone No., and <u>E-mail</u> :

v

Defendant's Name, Address, Telephone No., and <u>E-mail</u> :
Attorney's Name, Bar No., Address, Telephone No., and <u>E-mail</u> :

1. Motion Title: **Motion to Change Custody Due to Juvenile Court Proceeding**
2. Moving Party: _____ Telephone No.: _____
3. Please place this Motion on the motion calendar for:

Juvenile Judge:	Location:	Date	Time
-----------------	-----------	------	------

4. I certify that I have made personal contact with the Custodial Parent on [date] _____ regarding agreeing to this motion and that the Custodial Parent would not agree or that I have made reasonable efforts to contact the Custodial Parent regarding agreeing to this Motion without success.

Date: _____ Moving Party/Attorney: _____

ORDER

IT IS ORDERED THAT THIS MOTION IS: DENIED GRANTED IN PART/DENIED IN PART
 TAKEN UNDER ADVISEMENT DISMISSED GRANTED AND IT IS FURTHER ORDERED
 THAT: _____
 DUE TO CONTINUING JUVENILE COURT CHILD PROTECTIVE PROCEEDING,
 ADJOURNED TO [date] _____ ADJOURNED TO [date] _____ ADJOURNED TO [date] _____

Date: _____

 Circuit Court Judge

FILE THIS ONLINE AT FILINGS@3RDCC.ORG OR BY MAIL WITH:
 CATHY M. GARRETT
 WAYNE COUNTY CLERK
 201 COLEMAN A. YOUNG MUNICIPAL CENTER
 DETROIT, MICHIGAN 48226

A hearing date and time will be scheduled by the Juvenile Court once this case has been referred by the Domestic Relations Judge.

NOTICE RE: FILING FEES: In addition to the \$20 motion fee, a filing fee of \$80 must be paid for child custody or parenting time motions. The filing fee is nonrefundable, but may be waived by the Chief Judge for those who meet the criteria for waiver. Waiver forms are available at 201 CAYMC from Clerk's Office staff and must be submitted on the same day as the motion.

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

Plaintiff's name	v	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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
--	---------------------------	-----------------

Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	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.

**STATE OF MICHIGAN
THIRD JUDICIAL CIRCUIT
WAYNE COUNTY-
JUVENILE**

**ORDER FOR CUSTODY,
PARENTING TIME, AND
CHILD SUPPORT**

CASE NO.

1025 E. Forest Street Detroit, MI 48207

(313) 833-_____

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

At a session of said Court held in the City of Detroit,
County of Wayne, State of Michigan on _____

PRESENT: HON. _____
CIRCUIT COURT JUDGE

This matter having come before the Court upon Plaintiff's/ Defendant's Motion to Change Custody, a proceeding was pending in Juvenile Court related to the minor child/ren of the parties, proofs having been taken in open court from which it satisfactorily appears to this Court that the jurisdictional requirements have been met, and the Court otherwise being fully advised in the premises:

IT IS HEREBY ORDERED:

1. This Order is entered: after trial. after default. on consent of the parties.

2. **Custody** of the minor child/ren:

Name _____	Child's DOB _____
Name _____	Child's DOB _____
Name _____	Child's DOB _____
Name _____	Child's DOB _____,

is as follows:

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Legal custody is awarded to: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Jointly | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Physical custody is awarded to: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| | <input type="checkbox"/> Jointly | <input type="checkbox"/> Guardian |

3. **Parenting time.** It is Further Ordered that Mother. Father. Shall have parenting time as follows:

Alternating Weekends Friday 6pm-Sunday 6pm.

One Evening Per Week (5pm- 8pm)

Monday. Tuesday. Wednesday. Thursday.

Alternating Holidays, per Wayne County Holiday Plan; attached hereto.

Per Wayne County General Plan; attached hereto.

Supervised, per Wayne County Supervised Plan; attached hereto.

Other: _____

_____.

4. **Travel to Foreign Country:** Neither parent shall exercise parenting time in a foreign country/nation that is not a party to the Hague Convention on the Civil Aspects of International Abduction unless otherwise provided in this Judgment.

5. **Domicile:** The domicile of the minor child(ren) may not be moved from the State of Michigan without prior approval of the Court.

6. **Residence:** A child whose parental custody is governed by court order has a legal residence with each parent. A parent whose custody or parenting time of a child is governed by this order shall not change the legal residence of the child except in compliance with section 11 of the "Child Custody Act of 1970", 1970 PA 91, MCL 722.31. Specifically, the legal residences of the minor children shall not be changed to a location that is more than 100 miles from the children's legal residence at the time of commencement of this action unless:

a. The other parent consents in writing to the change;

b. Sole legal custody is granted to only one of the parents;

c. At the time of the commencement of the action in which this custody Order is issued, the child's 2 residences were more than 100 miles apart and the legal residence change results in the child's two legal residences being closer to each other;

d. The court permits the residence change after complying with subsection (4) of section 11 of the Child Custody Act of 1970; or

e. If the agreement of the parties is set forth in this Judgment as to how a change in either of the minor children's legal residences will be handled and the change in residence is handled in compliance with said agreement.

7. Child support:

The issue of child support, to be paid to Mother Father, is referred to Friend of the Court for determination effective _____.

The current order of support for Mother Father is abated and set to zero as of _____ all Friend of the Court accounts shall be adjusted accordingly.

A current Income Withholding Order shall remain in effect until arrears are paid in full.

8. Uninsured Medical Expenses: In order to receive assistance with reimbursement of excess uninsured health care expenses, the custodial parent must document the expenditure of medical expenses for the child that is more than the annual sum of the ordinary health care costs as determined by the Michigan Child Support Guidelines, which is currently \$403 for one child; \$801 for two children; \$1,210 for three children. If expenses exceed this threshold, the custodial parent who incurred the expense must complete the Friend of the Court's medical expense reimbursement forms and submit proof of expenses up to and over the threshold to the other party within 56 days from the date the insurance company pays on or denies payment for the expense that caused the annual threshold to be exceeded. The information provided shall include documentation of all the medical expenses incurred up to the threshold and any explanation of what the insurance company paid or denied. If the other party then fails to pay, the party who incurred the expense must submit the forms to the Friend of the Court together with his/her original receipts evidencing payment within six months after the last expense was incurred or six months after the insurer's final payment or denial.

9. Reporting to Friend of the Court: The parties have a duty to provide the following information to the Friend of the Court, and to update this information in writing within 21 days of any change:

- a. If the minor child is moved to a new address;
- b. The party's residential and mailing address and telephone number;
- c. Name, address, and telephone number of the party's current source of income;
- d. Any driver's license the party holds and the license number;
- e. Any occupational license the party holds and the license number; and
- f. The health care coverage the party maintains or that is available to the party as a benefit of employment, including the name of the insurance company, nonprofit health care corporation, or health maintenance organization; the policy, certificate, or contract number; and the names and birth dates of the persons for whose benefit the party maintains the coverage.

10. **Tax Returns:** Except as provided elsewhere in this Judgment, the parent who has the minor child(ren) the majority of the days of the year is awarded the available tax exemptions and deductions for that year, unless that parent voluntarily releases his/her claim to the exemptions and deductions by filing IRS form 8332.
11. **Child Protective Proceeding:** It is further ordered that the Child Protective Proceeding _____ is dismissed and wardship(s) terminated.
12. **When Judgment Becomes Final:** This Judgment is effective and final upon its date of entry.
13. **Jurisdiction Retained:** All further requests for modifications of custody or parenting time must be made in the Family Division of Wayne County Circuit Court.
14. **Other provisions:**

This Order resolves the last pending claim between the parties and closes the case.

Dated: _____

Family Division- Juvenile Section Judge

**STATE OF MICHIGAN
THIRD JUDICIAL CIRCUIT
WAYNE COUNTY-
JUVENILE**

**JUDGMENT OF CUSTODY,
PARENTING TIME, AND
CHILD SUPPORT**

CASE NO.

1025 E. Forest Street Detroit, MI 48207

(313) 833-_____

Plaintiff's name, address, telephone number, and email:	vs.	Defendant's name, address, telephone number, and email:
---	-----	---

At a session of said Court held in the City of Detroit,
County of Wayne, State of Michigan on _____

PRESENT: HON. _____
CIRCUIT COURT JUDGE

This matter having come before the Court upon Plaintiff's/ Defendant's Complaint for Custody or Paternity, a proceeding was pending in Juvenile Court related to the minor child/ren of the parties, proofs having been taken in open court from which it satisfactorily appears to this Court that the jurisdictional requirements have been met, and the Court otherwise being fully advised in the premises:

IT IS HEREBY ORDERED:

1. This judgment is entered: after trial. after default. on consent of the parties.

2. **Custody** of the minor child/ren:

Name _____	Child's DOB _____
Name _____	Child's DOB _____
Name _____	Child's DOB _____
Name _____	Child's DOB _____,

is as follows:

Legal custody is awarded to: Mother Father
 Jointly Guardian

Physical custody is awarded to: Mother Father
 Jointly Guardian

3. **Parenting time.** It is Further Ordered that Mother. Father. Shall have parenting time as follows:

Alternating Weekends Friday 6pm-Sunday 6pm.

One Evening Per Week (5pm- 8pm)

Monday. Tuesday. Wednesday. Thursday.

Alternating Holidays, per Wayne County Holiday Plan; attached hereto.

Per Wayne County General Plan; attached hereto.

Supervised, per Wayne County Supervised Plan; attached hereto.

Other: _____

_____.

4. **Travel to Foreign Country:** Neither parent shall exercise parenting time in a foreign country/nation that is not a party to the Hague Convention on the Civil Aspects of International Abduction unless otherwise provided in this Judgment.

5. **Domicile:** The domicile of the minor child(ren) may not be moved from the State of Michigan without prior approval of the Court.

6. **Residence:** A child whose parental custody is governed by court order has a legal residence with each parent. A parent whose custody or parenting time of a child is governed by this order shall not change the legal residence of the child except in compliance with section 11 of the "Child Custody Act of 1970", 1970 PA 91, MCL 722.31. Specifically, the legal residences of the minor children shall not be changed to a location that is more than 100 miles from the children's legal residence at the time of commencement of this action unless:

a. The other parent consents in writing to the change;

b. Sole legal custody is granted to only one of the parents;

c. At the time of the commencement of the action in which this custody Order is issued, the child's 2 residences were more than 100 miles apart and the legal residence change results in the child's two legal residences being closer to each other;

d. The court permits the residence change after complying with subsection (4) of section 11 of the Child Custody Act of 1970; or

e. If the agreement of the parties is set forth in this Judgment as to how a change in either of the minor children's legal residences will be handled and the change in residence is handled in compliance with said agreement.

7. Child support:

The issue of child support, to be paid to Mother Father, is referred to Friend of the Court for determination effective _____.

The current order of support for Mother Father is abated and set to zero as of _____ all Friend of the Court accounts shall be adjusted accordingly.

A current Income Withholding Order shall remain in effect until arrears are paid in full.

8. Uninsured Medical Expenses: In order to receive assistance with reimbursement of excess uninsured health care expenses, the custodial parent must document the expenditure of medical expenses for the child that is more than the annual sum of the ordinary health care costs as determined by the Michigan Child Support Guidelines, which is currently \$403 for one child; \$801 for two children; \$1,210 for three children. If expenses exceed this threshold, the custodial parent who incurred the expense must complete the Friend of the Court's medical expense reimbursement forms and submit proof of expenses up to and over the threshold to the other party within 56 days from the date the insurance company pays on or denies payment for the expense that caused the annual threshold to be exceeded. The information provided shall include documentation of all the medical expenses incurred up to the threshold and any explanation of what the insurance company paid or denied. If the other party then fails to pay, the party who incurred the expense must submit the forms to the Friend of the Court together with his/her original receipts evidencing payment within six months after the last expense was incurred or six months after the insurer's final payment or denial.

9. Reporting to Friend of the Court: The parties have a duty to provide the following information to the Friend of the Court, and to update this information in writing within 21 days of any change:

- a. If the minor child is moved to a new address;
- b. The party's residential and mailing address and telephone number;
- c. Name, address, and telephone number of the party's current source of income;
- d. Any driver's license the party holds and the license number;
- e. Any occupational license the party holds and the license number; and
- f. The health care coverage the party maintains or that is available to the party as a benefit of employment, including the name of the insurance company, nonprofit health care corporation, or health maintenance organization; the policy, certificate, or contract number; and the names and birth dates of the persons for whose benefit the party maintains the coverage.

- 10. **Tax Returns:** Except as provided elsewhere in this Judgment, the parent who has the minor child(ren) the majority of the days of the year is awarded the available tax exemptions and deductions for that year, unless that parent voluntary releases his/her claim to the exemptions and deductions by filing IRS form 8332.

- 11. **Child Protective Proceeding:** It is further ordered that the Child Protective Proceeding _____ is dismissed and wardship(s) terminated.

- 12. **When Judgment Becomes Final:** This Judgment is effective and final upon its date of entry.

- 13. **Jurisdiction Retained:** All further request for modifications of custody or parenting time must be made in the Family Division of Wayne County Circuit Court.

- 14. **Other provisions:**

This Judgment resolves the last pending claim between the parties and closes the case.

Dated: _____

Family Division- Juvenile Section Judge

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 electronically at the Wayne County Clerk's Office. It will cost you \$175.00 to file this Complaint (unless fees are waived-see below). You must pay the fee online at www.govpaynow.com and use Pay Location Code 6223. Proof of this payment must be submitted along with your Complaint and any attachments when you file.

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 must provide a copy of your State-issued photo ID card and proof of your income and/or public assistance. You must submit this documentation prior to filing your Complaint. Submit your fee waiver request, ID, and proof of income/public assistance to filings@3rdcc.org. Failure to submit all of this documentation will result in a denial or rejection of your filing.

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. You must complete the Case Inventory Form (MC 21), which lists all of your prior cases involving this minor child(ren). You may search your name on Odyssey Public Access at www.3rdcc.org/OPA or e-mail the Wayne County Record Room at wcrecordroom@waynecounty.com.
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. Always keep a copy of every paper you file with the Court and bring have them available at your hearing.

IF YOU ARE FILING ONLINE (RECOMMENDED):

1. E-mail your complaint, Form MC 21(list of all prior cases), all other attachments and your receipt of payment of the filing fee (or signed Order waiving filing fees) to filings@3rdcc.org. Every form must be in pdf form and be separate attachments to your email.
2. To ensure your case has been filed, please visit Odyssey Public Access at www.3rdcc.org/OPA and search for the newly filed action.

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?

For assistance in filing, call the Wayne County Clerk's Office of the Court at 313-224-6262. 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.

For assistance in completing the paperwork, you may contact Lakeshore Legal Aid at (888) 783-8190 or William Booth Legal Aid Clinic at (313) 361-6340.

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

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

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 (MC 416) 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.

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

2 Woodward Ave, Detroit, MI 48226

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

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

Plaintiff's name	v	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

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

Court address

Court telephone no.

CASE NAME:

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.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		VERIFIED STATEMENT				CASE NO.
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

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.) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
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	

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 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.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO.
--	---------------------------	-----------------

Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	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.



AFFIDAVIT OF PARENTAGE
Michigan Department of Health and Human Services
Division for Vital Records and Health Statistics

State File Number _____

AOP Number _____

We affirm under penalty of perjury that we are the natural parents of:

First	Middle	Last	Suffix

who was born in _____ on _____
Hospital Name, City, County, State Date of Birth

and that we sign this affidavit to establish the paternity for this child. We hereby consent that the name of the natural father may be included on the certificate of birth for the child. We wish the child's name to be recorded as:

First	Middle	Last	Suffix

In signing this form, we understand that:

- | | |
|---|---|
| <ul style="list-style-type: none"> (a) This is a legal document. (b) Completion of the affidavit is voluntary. (c) The mother has initial custody of the child, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or agreed upon by the parties in writing and acknowledged by the court. This grant of initial custody to the mother shall not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time. (d) Either parent may assert a claim in court for parenting time or custody. (e) Both parents have a right to notice and a hearing regarding the adoption of the child. (f) Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support. | <ul style="list-style-type: none"> (g) By signing this affidavit, we waive the following: <ul style="list-style-type: none"> (i) The right to blood or genetic tests to determine if the man is the biological father of the child. (ii) Any right to a court-appointed attorney, including the Prosecuting Attorney, to represent either party in a court action to determine if the man is the biological father of the child. (iii) The right to a trial to determine if the man is the biological father of the child. (h) In order to revoke the Affidavit of Parentage, an individual must file a claim as provided under the Revocation of Paternity Act (Michigan Compiled Law [MCL] 722.1437). |
|---|---|
- Further, the mother states that she was not married when this child was born or conceived; or that this child, though born or conceived during a marriage, is not an issue of that marriage as determined by a court of law.

FATHER'S INFORMATION

First Name		
Middle Name		
Last Name		
Date of Birth: (MM/DD/YYYY)	Place of Birth: (State or Country)	Social Security Number
Current Address (Street, Apt. No., City, State, Zip)		

To the best of my knowledge, the above information is true:

Father's Signature Date

MOTHER'S INFORMATION

First Name		
Middle Name		
Last Name		
Date of Birth: (MM/DD/YYYY)	Place of Birth: (State or Country)	Social Security Number
Current Address (Street, Apt. No., City, State, Zip)		

To the best of my knowledge, the above information is true:

Mother's Signature Date

NOTARY SECTION

Notary Public in and for _____ County, Michigan	
Acting in the county of _____	
Signature _____	Printed Name _____
Signature and sworn to before me this _____ day of _____ 20 _____	
Commission expiration date _____	

Notary Public in and for _____ County, Michigan	
Acting in the county of _____	
Signature _____	Printed Name _____
Signature and sworn to before me this _____ day of _____ 20 _____	
Commission expiration date _____	

QUALIFIED WITNESS SECTION – Facility Use Only (if not notarized, complete as defined on reverse of form)

Signature of Father's Witness	Printed Name of Witness
Witness Place of Employment	
Witness Work Address (Street, City, State, Zip)	

Signature of Mother's Witness	Printed Name of Witness
Witness Place of Employment	
Witness Work Address (Street, City, State, Zip)	

AFFIDAVIT OF PARENTAGE INSTRUCTIONS

This form can be used to establish the parentage of a child and may be used to have information on the father of a child added to the certificate of birth for the child. This affidavit may be completed at the time of the child's birth or at any other time after the birth. Completion of this affidavit is voluntary. It indicates the parents wish to acknowledge parentage of a child.

It is intended for use by couples who were not married at the time the child was conceived nor at the time of birth. In instances where the mother was married to someone other than the father when the child was conceived or delivered, a court ruling of her husband's non-paternity is necessary in order to first establish that the child is not the husband's child.

Proper completion of the form is very important. Forms that are not properly completed will not be accepted for filing. The form must be legible and must be typed or printed in ink. The affidavit must be signed by the mother and father in the presence of a Notary Public or a qualified witness. **A qualified witness is an employee of one of the following: a hospital, publicly funded or licensed health clinic, pediatric office, Friend of the Court, Prosecuting Attorney, court, Michigan Department of Health and Human Services, county health agency, county records department, Head Start program, local social services provider, county jail, or state prison.** The form may be signed and witnessed or notarized by both parents at different times. At a minimum, the following items must be provided: the full names of the child, the mother and the father; the date and place of the child's birth; the address of each parent; and the birth place of each parent.

The same qualified witness and/or notary may serve as both the mother's qualified witness/notary and the father's qualified witness/notary, but (s)he must fill out the information in both the mother's and father's sections of the form. A qualified witness/notary must verify the identity of the mother and father before the qualified witness/notary signs the form by checking the mother's and father's identification. Examples of identification include a driver's license, passport, state-issued identification, etc.

There is no fee for filing the affidavit with the Central Paternity Registry. Once filed, copies of the affidavit can be obtained by either parent, by the child, or by a guardian or legal representative of a parent or the child. Certified copies of the affidavit are available from the Central Paternity Registry for \$34.00 (additional copies are \$16.00 each) and can be requested at the time of filing.

Adding a Father to the Birth Certificate –

Establishing Paternity at the Hospital – If this affidavit is completed at the time of birth and provided to hospital staff before the birth certificate is prepared and filed, the birth certificate will be completed to include the father with no need for a separate application or fee. When completed at the time of birth and used as the basis for recording the father on the original certificate of birth, hospital staff must forward the original affidavit, along with the original birth certificate, to the local registrar. The local registrar will forward the affidavit to the Central Paternity Registry for final filing.

Establishing Paternity After Leaving the Hospital – Birth certificates are not automatically changed when an affidavit is filed. Changes to registered birth records can be requested based upon a properly completed affidavit and an Application to Add a Father on a Michigan Birth Record (form DCH-0848). If the affidavit is going to be used to add the father's name to a Michigan birth record, the affidavit **must not be mailed to the Central Paternity Registry**. It must be mailed along with the correct application to the address listed on the application. A birth record can be changed to reflect the father listed on the affidavit if no other man is recorded on the record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

There is a fee for each birth record change, as is noted in the payment section of the correction application. An application to correct a birth certificate is available from the Office of the County Clerk, the State Vital Records office recorded message 517-335-8656, or can be downloaded from the Michigan Department of Health and Human Services website at: www.michigan.gov/documents/add_dad_6589_7.pdf.

To file the affidavit and request a copy and/or to change the birth record, mail the completed affidavit, the required fee and, for a birth record change, a completed Application to Add a Father on a Michigan Birth Record (form DCH-0848) to:

Vital Records Changes
PO Box 30721
Lansing, MI 48909

To simply file the affidavit to establish paternity and not request a copy or a change to the birth record, mail to:

Central Paternity Registry
Division for Vital Records and Health Statistics
Michigan Department of Health and Human Services
PO Box 30691
Lansing, MI 48909

(Completion of this form is voluntary)

Alteration of this form or the making of false statements with the affidavit for the purposes of deception is a crime. [MCL 333.2894]

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.

TO CHANGE THE CHILD'S NAME OR TO CHANGE THE MOTHER'S NAME DUE TO MARRIAGE

If there is any change in the child's name from that originally recorded on the birth record, please indicate the name change below. Please indicate if the mother of the child wishes to have her name changed due to marriage to the biological father.

CHILD'S FULL NAME AT BIRTH	First	Middle	Last
CHILD'S FULL NAME AS YOU WANT IT TO APPEAR ON THE NEW BIRTH RECORD	First	Middle	Last
Do you wish to change mother's name on the record due to marriage? (Copy of marriage certificate must be submitted)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate name here First Middle Last	

THE SIGNATURE OF AN ELIGIBLE APPLICANT IS REQUIRED TO PROCESS THIS APPLICATION.
If the court order specifies a new name for the child, only the applicant's signature and copy of legal ID is required. If the court order does not specify a new name for the child, **both parents' signatures and legal IDs** are required when requesting a name change for the child. If the child is over 15 and you are changing the child's name, we also require the child's signature.

Applicant/Parent's Signature	Date
Parents' Signature	Date

PHOTO ID REQUIREMENTS FOR CHANGING OR CORRECTING A MICHIGAN BIRTH RECORD *Please Send Photocopies – Not Original Documents*	PHOTO ID REQUIREMENTS (CONTINUED)
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Under Michigan law, birth records are restricted documents. To request a birth record, a current valid, government issued identification is required to establish eligibility (except for an unrestricted birth record that is at least 100 years old). To protect from identity theft, a copy of the applicant's government issued identification must be presented along with the application and fees.

Tier 1 Documentation that establishes identity by itself.

- ✓ U.S. or Foreign Passport
- ✓ U.S. Passport Card
- ✓ U.S. or U.S. Territories Driver's License or Identification Card
- ✓ U.S. Military Identification Card with **both** picture and signature
- ✓ Other U.S. or U.S. Territories issued document that meets the following criteria: Document must be unexpired. Document must contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.

--OR--

Tier 2 Documentation must include all documentation in one of the categories below:

- ✓ Any of the documents in Tier 1 that expired within the past 5 years and any one document from Tier 3 issued within the past year.
- ✓ Employment identification with photo, accompanied with a pay stub or W-2 form issued within the past year.
- ✓ Student identification with photo, accompanied by a current report card or other proof of current school enrollment. Both documents must be for the same institution.
- ✓ Department of Corrections identification card accompanied by probation or discharge papers issued within the past year.
- ✓ If an inmate is currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration issued within the past year.

--OR-- (see Tier 3) →

Tier 3 Documentation must include at least three alternative documents of different types from the list below, one must have been issued within the past year:

- ✓ Any of the documents in Tier 1 expired more than 5 years.
- ✓ Social Security Card (must be signed)
- ✓ Marriage or Divorce certificate
- ✓ Your child's birth certificate
- ✓ IRS form W-2
- ✓ Paycheck stub
- ✓ Bank statement
- ✓ Voter registration
- ✓ Motor vehicle registration
- ✓ Health insurance card
- ✓ Utility Bill
- ✓ Doctor/hospital/dentist bill
- ✓ Religious/community organization documents, baptismal certificate
- ✓ Military DD-214 discharge paper or equivalent
- ✓ School records
- ✓ Letter/benefit statement from a government agency, like SSA or IRS
- ✓ Land or rental agreement
- ✓ Military ID with **either** a picture **or** signature.
- ✓ Other documents that establish identity to a degree equivalent to those listed above.

VitalChek – Applicants who wish to order their birth certificate online, can order via the internet at <http://vitalchek.com>, or by phone US (866) 443-9897. VitalChek verifies identity through questions about the applicant's past addresses, family, and other information. VitalChek is the only approved online service provider for the State of Michigan.

PAYMENT - The fee for adding the father's name and information to a Michigan birth record is \$50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$16.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the "State of Michigan."**

PROCESSING TIME – Normal processing time for all changes or corrections is 5-6 weeks from the date all documentation, payments and photo ID are received in the State Vital Records Office and the order is keyed into the system. 2-3-week rush processing is available for an additional fee.

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$ 50.00	\$ 50.00
_____ Additional Certified Copies	\$ 16.00 Each	\$
Rush Fee	\$ 25.00	\$
TOTAL ENCLOSED		\$

PENALTIES: Any person who willfully and knowingly makes false application to change or amend a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c).

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.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
--	--	-----------------

Court address _____ Court telephone no. _____

Plaintiff's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., address, and telephone no.
Defendant's source of income name, address, and telephone no.

- This order is entered after hearing. after statutory review. on stipulation/consent of the parties.
- The friend of the court recommends child support be ordered as follows.
- If you disagree with this recommendation, you must file a written objection with _____ on or before **21 days** from the date this order is mailed. If you do not object, this proposed order will be presented to the court for entry.
- Attached are the calculations pursuant to MCL 552.505(1)(h) and MCL 552.517b.

IT IS ORDERED, unless otherwise ordered in item 12 or 13: Standard provisions have been modified (see item 12 or 13).

1. The children who are supported under this order and the payer and payee are:

Payer:	Payee:	
Children's names, birthdates, and annual overnights with payer:		
Children's names	Date of birth	Overnights

Effective _____, the payer shall pay a monthly child support obligation for the children named above.

Children supported:	1 child	2 children	3 children	4 children	5 or more children
Base Support: (includes support plus or minus premium adjustment for health-care insurance)					
Support:	\$	\$	\$	\$	\$
Premium adjust:	\$	\$	\$	\$	\$
Subtotal:	\$	\$	\$	\$	\$
Ordinary medical:	\$	\$	\$	\$	\$
Child care:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Benefit credit:	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$
<input type="checkbox"/> Support was reduced because payer's income was reduced.					

(Continued on page 2.)

1. **Item 1** (continued).

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid _____% by the plaintiff and _____% by the defendant. Uninsured expenses exceeding the annual ordinary medical amount for the year they are incurred that are not paid within 28 days of a written payment request may be enforced by the friend of the court. The annual ordinary medical amount is _____.

Obligation Ends. Except for child care, or as otherwise ordered, support obligations for each child end on the last day of the month the child turns age 18.

- Post-majority Support:** The following children will be attending high school on a full-time basis after turning 18 years of age. Therefore, the support obligation for each specific child ends on the last day of the month as follows, except in no case may it extend beyond the time the child reaches 19 years and 6 months of age:

(Specify name of child and date obligation ends.)

Child Care. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the changes end those expenses. The child-care obligation for each child ends on August 31 following the child's 12th birthday, at which time the total child care obligation reduces by that child's pro rata share unless specified differently in this order.

2. **Insurance.** For the benefit of the children, the plaintiff defendant shall maintain health-care coverage through an insurer (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy
- up to a maximum of \$ _____ for plaintiff. up to a maximum of \$ _____ for defendant.
- not to exceed 6% of the plaintiff's/defendant's gross income.
3. **Income Withholding.** Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 13.
4. **Qualified Medical Support Order.** This order is a qualified medical support order with immediate effect pursuant to 29 USC 1169. To qualify this order, the friend of the court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.
5. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge may be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.
6. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.
7. **Foster-Care Assignment.** When a child is placed in foster care, that child's support is assigned to the Department of Health and Human Services while under the state's jurisdiction and to the funding county while placed in a county-funded program.
8. **Redirection and Abatement.** Subject to statutory procedures, the friend of the court: 1) may redirect support paid for a child to the person who is providing the actual care, support, and maintenance of that child, or 2) shall abate support charges for a child who resides on a full-time basis with the payer of support.
9. **Fees.** The payer of support shall pay statutory and service fees as required by law.

- 10. **Review.** Each party to a support order may submit a written request to have the friend of the court review the order. The friend of the court is not required to act on more than one request received from a party each 36 months. A party may also file a motion to modify this support order.
- 11. **Prior Orders. This order supersedes all prior child support orders and all continuing provisions are restated in this order.** Past-due amounts owed under any prior support order in this case are preserved and paid at the rate calculated using the arrearage guideline in the Michigan Child Support Formula.
- 12. **Michigan Child Support Formula Deviation.** The support provisions ordered do not follow the Michigan Child Support Formula. The attached deviation addendum (FOC 10d) provides the basis for deviation and the required findings by the court.
- 13. **Other:** (Attach separate sheets as needed.)

Plaintiff (if consent/stipulation) Date

Defendant (if consent/stipulation) Date

Plaintiff's attorney Date

Defendant's attorney Date

Prepared by: _____
Name (type or print)

Date

Judge Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I certify that I also served the Deviation Addendum (FOC 10d) with this order.

Date

Signature

COURT USE ONLY