

CIRCUIT JUDGE
DAVID A. HOORT
SUZANNE HOSETH KREEGER
MONTCALM COUNTY

THE CIRCUIT COURT
FOR



THE EIGHTH JUDICIAL

CIRCUIT OF MICHIGAN

OFFICE OF
BRUCE E. BASOM
FRIEND OF THE COURT/REFEREE
P.O. Box 305
STANTON, MICHIGAN 48888
PHONE (989) 831-7332
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**FRIEND OF THE COURT POLICY REGARDING AGREEMENTS BETWEEN
PARTIES TO MODIFY CUSTODY, PARENTING TIME AND/OR CHILD
SUPPORT ORDERS OF THE COURT**

The Montcalm County Friend of the Court Office regrets to inform you that our office is no longer able to provide stipulated/agreement orders due to change in the law. It is recognized that often clients are able to come to agreements. Therefore, it is our intent to assist clients in these situations by offering a process for approval and entry of stipulated agreements when the parties are able to do so. This means that the Judge will sign the Order without having a hearing on it.

To obtain entry of an Order that both parties agree upon, you must file a motion with the Court. It will then be scheduled for an appointment with a representative from the Friend of the Court Office. The parties will meet with the representative and an Order will be drafted requiring signature from both parents. If the parties are not able to come to an agreement or if the Friend of the Court Office does not approve it, the matter will be heard the same day before the Referee and an Order will be entered. If a stipulation regarding custody cannot be reached by the parties during the scheduled appointment, then a hearing will NOT commence following completion of the attempted stipulation and a Motion Regarding Disputed Custody will have to be filed at a later time.

Effective October 1, 2004, 2004 PA 205 was passed which established fees for entry of orders involving child support and custody or parenting time. These fees apply only to POST JUDGMENT actions, including stipulations. A cost of \$40.00 is required for entry of an order regarding child support or \$80.00 for entry of an order regarding custody or parenting time. Again, these judgment fees only apply to POST JUDGMENT cases. In addition, there is a \$20.00 motion fee that must be paid as well. Two (2) separate cashier's checks or money orders will be required; one for \$20.00 motion fee and one for either the \$40.00 or \$80.00 Judgment Fee on POST JUDGMENT cases, made payable to the Montcalm County Clerk. This cost will be assessed when filing a motion or a stipulated/agreement order. If the Montcalm County Friend of the court representative prepares the order the total fees above will be assessed.

If the parents are able to agree and **provide a written Stipulated Order for entry at time of appointment and it meets legal standards and is approved**, the money order for \$40.00 or \$80.00 will be returned. If the matter necessitates a hearing before the Referee, the judgment entry fees will be required in all POST JUDGMENT cases. The \$20.00 motion fee is mandated in either situation.

Please read the instructions on the following page. If they are not strictly complied, your motion will be returned and an appointment/hearing will NOT be scheduled.



The Montcalm County Friend of the Court Office (FOC) received a request from you for an appointment for the parties to stipulate to a change in child support. By filling out this motion and using the instructions, you are representing yourself in a court action (In Pro Per) and stating that you do not have legal representation. If you already have an attorney retained (for any reason) it is your responsibility to get his or her signature before filing this motion and notify him/her of the hearing.

INSTRUCTIONS FOR FILLING OUT MOTION;

- A. **Do not use pencil or colored ink** – other than black or dark blue. All sections must be completed correctly or your motion will be returned to you or denied.
- B. A black line has been drawn on the form. You must complete all of the information above the black line only. A representative of the Friend of the Court will complete information below the black line.

FILING A MOTION TO CHANGE CHILD SUPPORT:

1. Unless otherwise indigent, before motions can be scheduled, both motion fee and judgment fee **MUST** be paid in full. Judgment fees are only required in POST JUDGMENT cases and are not required in PRE JUDGMENT cases. The Motion fee is \$20.00 and the Judgment fee is \$40.00 and these **MUST** come as two (2) separate cashier's checks or money orders in all POST JUDGMENT cases and as one (1) cashier's check or money order in PRE JUDGMENT cases. **No cash or personal checks will be accepted.** The cashier's checks or money orders must be made payable to "County Clerk."
2. The **original** document and fees **MUST** be turned into the FOC office. The FOC will file the motion with the Clerk and send out notices of hearing to all parties. If you present a prepared order acceptable to the Court, you will get your \$40.00 Judgment Fee paid in POST JUDGMENT cases returned. If the FOC prepares the order, the \$40.00 Judgment Fee will be retained.

At the time of the hearing you will need to provide several pay stubs (if working) and/or a statement concerning your source(s) of income. You will also need a copy of your most recent Federal Tax Return.

NOTE: You **MUST** appear to argue your motion. Should you fail to appear for the hearing, your motion will most likely be dismissed, and you will be assessed up to \$100.00 in court costs and will be unable to file another motion for six (6) months.

Court address
Judicial Court Complex, 629 N. State, PO Box 305, Stanton, MI 48888
Please print or type information ...

Court telephone no.
(989) 831-7332

Plaintiff's name, address, phone no., social security no.

I, _____
Name of party filling motion

State:

_____ Plaintiff

1. In this matter the _____ is currently ordered to pay
_____ Defendant

VS

support in the amount of \$ _____ each

Defendant's name, address, phone no., social security no.

Week, month, etc.

I REQUEST:

_____ 2. The Support order be changed to \$ _____ each week or an amount the court finds fair and equitable.

_____ 3. Other support provisions be changed as follows:

_____ Both parties shall provide health insurance if available through employment or at minimal expense.

_____ We agree that the _____ mother's _____ father's arrearages in the amount of _____ be cleared.

_____ Other:

_____ 4. I have a retained attorney _____ I do not have an attorney

I declare that the above statements are true to the best of my information, knowledge, and belief. I also understand that if I fail to appear for the scheduled hearing, I will be assessed up to \$100.00 court costs & will not be able to file another motion to change support for six months.

Plaintiff Date

Defendant Date

Attorney Date

The Party getting this motion may ask the Friend of the Court handling their case for a form to answer this motion.

NOTICE OF APPOINTMENT / HEARING

An appointment is scheduled with _____ on _____, _____ at _____ a.m./p.m.

If the parties are not able to come to an agreement at that meeting then:

A hearing will be held on this motion before Bruce E. Basom, Montcalm County Circuit Court Referee on :

_____ at _____ at 629 N. State, Judicial Court Complex, Stanton, MI 48888.
Date Time Place or Location

CERTIFICATE OF MAILING

See instructions to make sure this motion gets mailed on time.

I certify that on this date I mailed a copy of this motion and notice of hearing to the parties at the address stated above.

INFORMATION SHEET

DATE: _____ CASE NO. _____

NAME: _____ S.S.# _____

Street Address _____ PO Box _____

City & State _____ Zip _____

Home Phone: _____ Cell: _____

Driver's License or Michigan ID# _____

INSURANCE INFORMATION

Name of provider: _____

Policy No.: _____ Group No. _____

EMPLOYMENT INFORMATION

Name of Employer _____

Street Address _____

City & State: _____ Phone No. _____

Name of Nearest Relative _____

Address: _____

Phone No. _____

OTHER PARTY

Name: _____

Address: _____

Phone # _____