Approved, SCAO

Original - Court
1st copy - Other party
2nd copy - Responding party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	RESPONSE TO MOTION REGARDING SUPPORT	(A) CASE NO.
Court address		Court telephone no.

(B)

Plaintiff's name, address, and telephone no. ☐ moving party	v	Defendant's name, address, and telephone no. ☐ moving party
Third party name, address, and telephone no. ☐ moving party		

(C) 1. ☐ a. On _____ (Date) a judgment or order was entered regarding support.

☐ b. There is currently no order regarding support.

(D) ☐ 2. The ☐ plaintiff ☐ defendant is ordered to pay support of $ _____ each month.

(E) ☐ 3. The ☐ plaintiff ☐ defendant is ordered to pay child care of $ _____ each month.

(F) ☐ 4. The ☐ plaintiff ☐ defendant is ordered to pay health care of $ _____ each month.

(G) ☐ 5. I ☐ agree ☐ do not agree that conditions regarding support have changed as stated in the motion.

Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

(H) ☐ 6. I agreed with the other party to start/change support

☐ a. exactly as stated in the motion.

☐ b. but not as stated in the motion.

If b is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(I) 7. ☐ a. I agree with what is being asked for in the motion.

☐ b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:

If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J)

_____ Date

_____ Responding party's signature

CERTIFICATE OF MAILING

I certifiy that on this date I served a copy of this response on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

(K)

_____ Date

_____ Responding party's signature