

ST. JOSEPH COUNTY FRIEND OF THE COURT

Address: PO Box 249, Centreville MI, 49032

Phone: (269) 467-5570 Fax: (269) 467-5579

REQUEST FOR CONSENT ORDER TO CHANGE CUSTODY, PARENTING TIME, CHILD SUPPORT, OR CHILD CARE

NOTE: The Friend of the Court reserves the right to reject this agreement, if necessary. If an attorney represents either party, the attorney must prepare any Consent Order. Both parties must review this form before submitting.

Court Order Number: \_\_\_\_\_

Plaintiff's Name, DOB, SS#, Address, Phone #.

Defendant's Name, DOB, SS#, Address, Phone #.

Minor child(ren):

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

THIS BOX MUST BE COMPLETED OR THE ORDER WILL NOT BE DRAFTED
Are you receiving any of the following forms of public assistance: (check all boxes that apply).
( )Cash assistance ( )Child care assistance ( )Medicaid ( )Food stamps ( )None
IF THE CUSTODIAL PARENT IS RECEIVING ANY FORM OF PUBLIC ASSISTANCE, THEN THE PARTIES CANNOT USE THIS FORM TO CHANGE CHILD SUPPORT

CHECK ONLY THE PROVISIONS TO BE CHANGED:

CUSTODY:

Joint legal custody: \_\_\_Yes \_\_\_No

Physical custody: \_\_\_Mom \_\_\_Dad \_\_\_Joint

PARENTING TIME:

\_\_\_Per the St. Joseph County Parenting Policy

\_\_\_Other: \_\_\_\_\_

CHILD SUPPORT AND CHILD CARE:

Do you want the Friend of the Court to determine the Child Support an/or Child Care amount? \_\_\_YES \_\_\_NO

The new child support amount: \$ \_\_\_\_\_ per month per child for \_\_\_\_\_ child(ren) for a total of \$ \_\_\_\_\_

# of overnights with Plaintiff \_\_\_\_\_; # of overnights with Defendant \_\_\_\_\_

When will this new amount begin? \_\_\_\_\_ (Must be the 1st day of any given month)

Do you wish to forgive arrears? Child Support Arrears \_\_\_YES \_\_\_NO In the amount of \$ \_\_\_\_\_ or thru the end of the month of \_\_\_\_\_.

If you are agreeing on an amount other than what the Michigan Child Support Formula states, you must state the reason why: \_\_\_\_\_

PLAINTIFF'S EMPLOYER: \_\_\_\_\_ (name, address and telephone)

DEFENDANT'S EMPLOYER: \_\_\_\_\_ (name, address and telephone)

**MEDICAL INSURANCE:**

Who is responsible for health care insurance?     \_\_\_DAD   \_\_\_MOM   \_\_\_BOTH

What percentage of uninsured health care expenses will be paid by   DAD\_\_\_%   MOM\_\_\_%

**DOMICILE** : Change child's domicile to State of: \_\_\_\_\_

Who will provide transportation after domicile change: \_\_\_\_\_

---

**COURT COSTS:    (PLEASE PAY BY MONEY ORDER ONLY; PAYABLE TO: FRIEND OF THE COURT)**

THE COST TO PREPARE THE ORDER IS \$35 AND MUST BE SENT WITH THIS FORM.

I HEREBY DECLARE THE ABOVE TO BE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: \_\_\_\_\_                      PLAINTIFF'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_                      DEFENDANT'S SIGNATURE: \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING A REQUEST FOR CONSENT ORDER TO CHANGE  
CUSTODY, PARENTING TIME, CHILD SUPPORT OR CHILD CARE

**IF THE PARTY HAVING CUSTODY OF THE CHILD(REN) IS ON PUBLIC/STATE ASSISTANCE,  
(FIP,FOOD STAMPS, MEDICAID) YOU MAY NOT CHANGE SUPPORT**

THIS FORM IS TO ASK THE FRIEND OF THE COURT (FOC) TO PREPARE AN ORDER TO CHANGE A CURRENT ORDER. **Please complete all sections that apply.**

**GENERAL INFORMATION:** This information is necessary to complete the consent order. It must be provided.

**CHILD SUPPORT:** If the parent having custody of the child(ren) **is not** receiving any form of public assistance, the parties may agree upon the amount of support with the understanding that the child(ren) is/are entitled to the amount recommended by the Michigan Child Support Formula and that the parent having custody is able to meet the needs of the child(ren) with the agreed upon amount. **If you wish to stop child support you must contact the FOC to make sure you can consent to this or if you have to petition.** If this section is left blank, the FOC will insert the amount pursuant to the last order of support. If you are deviating from the Formula, you must state the reason why.

**COURT COSTS:** Who will pay for the court costs for this change? The cost is \$35.00 payable by money order. Please make payable to: Friend of the Court. This fee must be paid prior to preparation of the consent order and it is **nonrefundable**.

**NOTICE**

**AFTER THIS FORM IS SUBMITTED WITH THE \$35 FEE, THE FOC WILL PREPARE THE  
ACTUAL ORDER, WHICH MUST ALSO BE SIGNED BY BOTH PARTIES. ONE PARTY  
MUST CONTACT THE FOC TO SCHEDULE A TIME WHEN BOTH PARTIES  
CAN APPEAR AT THE FOC OFFICE TO READ AND SIGN THE ORDER**

**FOR QUESTIONS AND TO SCHEDULE THE APPOINTMENT CALL 269-467-5570**