

EXHIBIT

STATE OF MICHIGAN <Cir #> JUDICIAL CIRCUIT <Co. name> COUNTY	MOTION FOR QUALIFIED OR ELIGIBLE DOMESTIC RELATIONS ORDER	CASE NO. <Court Case no.>
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<Co. name> Friend of the Court <FOC Address>

<FOC Telephone No.>

<Plaintiff's name> <Payer designation> <Plaintiff's address> <Plaintiff's City, State ZIP>	<Defendant's name> <Payer designation> <Defendant's address> <Defendant's City, State ZIP>
<Plaintiff's Attorney> <Plaintiff's Attorney P#> <Plaintiff's Attorney's address> <Plaintiff's Attorney's City, State ZIP>	<Defendant's Attorney> <Defendant's Attorney P#> <Defendant's Attorney's address> <Defendant's Attorney's City, State ZIP>

1. A support order was entered on <Order Date>.
 2. The Office of the Friend of the Court reviewed the files and determined that the payer continues to have an obligation to pay current and/or past due support.
 3. The Office of the Friend of the Court determined that the payer may be eligible for benefits under a retirement plan.
 4. The Friend of the Court requests that the Court enter a Qualified Domestic Relations Order (QDRO) or Eligible Domestic Relations Order (EDRO), as applicable, to secure the support obligation from the retirement plan.
- The Friend of the Court requests that the Court enter an Order of Nondisclosure re <Party name> to prevent possible harm to the child(ren) and/or the party.

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

Date

Signature
<Worker name and title>

- We agree to the entry of a QDRO or EDRO in the amount of <Amt> per month from the payer's retirement plan, until there is no obligation to pay current and/or past due support, or a new order is entered.

Plaintiff's Signature

Defendant' Signature

Name and Title

Name and Title

NOTICE OF HEARING

A hearing will be held on this motion on <Sched Date> at <Time> at <Location> before <Referee or Judge> <Referee or Judge Name>.

If you require special accommodations because of a disability, or if you require a foreign language interpreter to fully participate in court proceedings, please contact the <Co. Name> Court or Friend of the Court immediately to make arrangements.

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and notice of hearing to each party or their attorney at their last known address.

Date

Signature