

**STATE OF MICHIGAN
18TH JUDICIAL CIRCUIT
COURT
BAY COUNTY**

CHILD SUPPORT RECOMMENDATION

**CASE NO.
2016-444444-DP
HON. KENNETH W SCHMIDT**

Bay County Prosecuting Attorney Address:
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Plaintiff's name, address, and telephone no.
Plaintiff's source of income name

v

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

This order is entered after hearing. after statutory review. on stipulation/consent of the parties.

The friend of the court/referee/prosecuting attorney recommends child support be ordered as follows.

If you disagree with this recommendation, you must file a written objection with the Bay Court Clerk/Friend of the Court 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: Ncpfirst13 Middlelea Last13	Payee: Cpfirst1422 Middleez Last1422
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, pursuant to the Michigan Child Support Formula, unless otherwise ordered in items 12 or 13.

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:	\$83.00	\$83.00			
Premium adjust:	\$0.00	\$0.00			
Subtotal:	\$83.00	\$83.00			
Ordinary medical:	\$27.00	\$54.00			
Child care:	\$0.00	\$0.00			
Other:	\$0.00	\$0.00			
SS benefit credit:	\$0.00	\$0.00			
Total:	\$110.00	\$137.00			
Support was reduced because payer's income was reduced.					

Uninsured Health-Care Expenses. All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid 10% by Cpfirst1422 Middleez Last1422 and 90% by Ncpfirst13 Middlelea Last13. 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 for Ncpfirst13 Middlelea Last13 paying Cpfirst1422 Middleez Last1422 is \$357.00 for 1 child, \$715.00 for 2 children.

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. The child-care obligation for each child ends August 31 following the child's 12th birthday. 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.

[X] **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.)

2. **Insurance.** For the benefit of the children, [X] Cpfirst1422 Middleez Last1422 [X] Ncpfirst13 Middleea Last13 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 \$0.00 for Cpfirst1422 Middleez Last1422 up to a maximum of \$0.00 for Ncpfirst13 Middleea Last13 up to a maximum of \$0.00 for Cpfirst1422 Middleez Last1422 and \$0.00 for Ncpfirst13 Middleea Last13 not to exceed 5% of Cpfirst1422 Middleez Last1422's/Ncpfirst13 Middleea Last13'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 Michigan 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 legally responsible for 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.
- [X]12. **Michigan Child Support Formula Deviation.** The friend of the court/referee/prosecuting attorney recommends support provisions that do not follow the Michigan Child Support Formula. See below for the recommended support amounts, basis for deviation, and required findings.
- [X]13. **Other:** (Attach separate sheets as needed.)

Date

ALLUS1

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.

Date

Signature

INCOME CALCULATIONS:

Cpfirst1422 Middleez Last1422 Tax Status: Single
Tax Exemptions: 0

Ncpfirst13 Middlelea Last13 Tax Status: Single
Tax Exemptions: 0

Calculations for Ncpfirst13 Middlelea Last13 paying Cpfirst1422 Middleez Last1422

Monthly Income	Cpfirst1422	Ncpfirst13	Monthly Ded/Adj	Cpfirst1422	Ncpfirst13
Primary Earnings	\$0.00	\$1,000.00	Federal Income Tax	\$0.00	\$47.50
			State Income Tax	\$0.00	\$42.50
			Social Security Tax	\$0.00	\$76.50
Gross Income	\$0.00	\$1,000.00	Total	\$0.00	\$166.50

P = Potential Income and Taxes/M = Manually Entered Figures

	Cpfirst1422	Ncpfirst13
Monthly Gross Income	\$0.00	\$1,000.00
Monthly Deductions/Adjustments	\$0.00	\$166.50
Monthly Net Income	\$0.00	\$833.50

SUPPORT CALCULATIONS:

MCSF 3.02(A)

Children in common: 2

Children in common on the docket: 2

MCSF 3.02(C) - Low Income Equation applies

Monthly Net Income \$0.00 \$833.50

Low Income Percentage 10% 10%

Support calculated under the Low Income Equation \$0.00 \$83.00

	Cpfirst1422	Ncpfirst13
BASE SUPPORT:	\$0.00	\$83.00

PARENTAL TIME OFFSET - MCSF 3.03

[CPFIRST1422 has child(ren) an average of 365 days.]

[NCPFIRST13 has child(ren) an average of 0 days.]

Parenting Time Offset Equation calculated amount: \$0.00 \$83.00

PARENT'S PERCENTAGE SHARE OF FAMILY INCOME - MCSF 3.01(B)(2)

Monthly Gross Income \$0.00 \$1,000.00

Monthly Deductions/Adjustments \$0.00 \$166.50

Monthly Net Income \$0.00 \$833.50

Family Net Income: **833.50**

Share of Net (to the nearest 10th) 0.0% 100.0%

ORDINARY MEDICAL EXPENSE OBLIGATIONS - MCSF 3.04(A)

Percentage of Health Care Obligations 10% 90%

MCSF 3.04(B)

Ordinary Medical Expenses: \$715.00 (total) for 2 children annually

Payer's monthly share \$0.00 \$54.00

TOTAL CALCULATED SUPPORT OBLIGATION: \$0.00 \$137.00

OTHER PROVISIONS:

Fees/Other \$0.00 \$3.50

TOTAL MONTHLY RECOMMENDED SUPPORT OBLIGATION (Actual Income)

\$0.00

\$140.50