

INSTRUCTIONS FOR THE MOTION REGARDING PAYMENT PLAN/ARREARAGES

Pursuant to MCL 552.605(e), beginning February 28, 2005, if you are the payer on a child support case, you may be eligible to seek relief from some or all of the arrearages owing on your case by filing a motion with the Circuit Court for a payment plan to pay arrearages and to discharge or abate arrearages.

You must fill out the attached motion completely. Once you have completed filling out the motion form, you will need to make three copies. You will take the original motion and three copies to the Clerk. There is a \$ 60.00 filing fee to be paid at the time you file your motion. The original motion will be filed and you must then serve copies on the Friend of the Court and the other parent. The third copy is for your records.

When you file the motion for a payment plan, you must schedule the motion for a hearing before the Court. Attached is a notice of hearing form. To set a hearing, you must contact the Clerk of the Court to obtain a date and a time. For Judge Martlew, please call (989) 875-5224, for Judge Arnold, please call (989) 875-5231.

A copy of the notice of hearing must be mailed with the motion for repayment plan. You must serve a copy of the notice of hearing on the other parent and the Friend of the Court.

If the arrearage is owed to the Plaintiff or Defendant, and not the State of Michigan, the Plaintiff or Defendant (payee) must consent to the plan or no order can be entered.

State of Michigan 29 th Judicial Circuit Gratiot County	MOTION REGARDING PAYMENT PLAN/ARREARAGES	File Number:
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Court Address:
150 E Center, Ithaca, MI 48847

Telephone Number:
(989) 875-5224 or (989) 875-5231

Plaintiff's Name and Address

Defendant's Name and Address

The Moving Party/Payer, _____ states:

1. I pay child support on the above mentioned case
2. Pursuant to MCL 552.605(e), I am requesting a hearing to arrange a payment plan to pay child support arrearages and to discharge or abate arrearages.
3. The arrearages are owed to:

_____ To the State of Michigan
_____ To the Plaintiff or Defendant

The payee consents to an order approving the plan if the child support arrearage is owed to the individual Plaintiff or Defendant.

4. I do not have the present ability, and I will not have the ability in the foreseeable future, to pay the arrearages absent a payment plan.
6. The total arrearage owed as of _____, 200____, is _____.
The arrearages are owed as follows:

\$ _____ to the State of Michigan Child Support or Confinement
\$ _____ to the Plaintiff/Defendant
\$ _____ to fees
\$ _____ to Court fines

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

Date

Moving Party's Signature

Certificate of Mailing

I certify that on this date I mailed a copy of this motion regarding arrearages to the names and addresses listed above, and to the Friend of the Court, by ordinary mail

Date

Moving Party's Signature

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF HEARING	CASE NO.
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Court address

FAX no.

Court telephone no.

Plaintiff's name, address, and telephone no.

Attorney:

v

Defendant's name, address, and telephone no.

Attorney:

A hearing will be held:

Date: _____

Time: _____

Place: _____

Judge/Referee: _____

Bar no.

Referee

for the following purpose:

- Defendant is required to attend this hearing.
- Plaintiff is required to attend this hearing.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this notice of hearing to the parties by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date: _____

Signature: _____