8TH JUDICIAL CIRCUIT COURT
IONIA COUNTY FRIEND OF THE COURT

Rebecca A. Shermak
Friend of the Court
Circuit Court Referee

100 W. Main Street
Ionia, Michigan 48846
Telephone (877) 543-2660
Fax (616) 527-5397

Karen M. Heintzelman
Facilitator – Investigator
Erin N. Randall
Support Specialist- Mediator
Michael S. Ketchum
Facilitator – Mediator

MOTION FEE NOTICE

CUSTODY, PARENTING TIME, CHANGE OF DOMICILE AND/OR CHILD SUPPORT

Effective October 1, 2004, Public Act 205 established fees for entry of orders involving child custody, parenting time, change of domicile, and child support as set forth below. These fees apply to all pre- and post- judgment actions including stipulations.

NOTICE: If you have retained an attorney, you CANNOT file this motion or any motions on your own. You must contact your attorney to file your motion.

Motions must be filed at the Clerk's Office.

CUSTODY, PARENTING TIME, AND/OR CHANGE OF DOMICILE MOTIONS:

$100.00 payable by cash, check or money order to:

IONIA COUNTY CLERK'S OFFICE
100 W. MAIN STREET
IONIA, MI 48846

CHILD SUPPORT AND RELATED PROVISION MOTIONS:

If the motion is ONLY for child support or related provisions, the cost is $60.00 payable by cash, check or money order to:

IONIA COUNTY CLERK'S OFFICE
100 W. MAIN STREET
IONIA, MI 48846

This cost must be paid when filing a motion. Your hearing will not be scheduled until payment is received.

Approved, SCAO

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

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

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION REGARDING CUSTODY	(A) CASE NO.

Court address: 100 W Main St, Ionia MI 48846 Fax: (616) 527-5397 Court telephone no.: (877) 543-2660

(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 custody.

☐ b. There is currently no order regarding custody.

2. Attached is a completed Uniform Child Custody Jurisdiction Enforcement Act Affidavit (MC 416).

(D) ☐ 3. The ☐ plaintiff ☐ defendant ☐ third party was ordered to have custody of the following child(ren):

(E) 4. The child(ren) have been living with _____ (Name(s)) at _____ (Complete address) since _____ (Date).

(F) 5. Proper cause exists or circumstances have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

(G) 6. It is in the best interests of the child(ren) to establish or change custody for the following reasons:
Use a separate sheet to explain in detail which best interest factors under the Child Custody Act support this motion and attach. Include all necessary facts.

(H) ☐ 7. _____ (Name) and I agree to custody, support, and parenting time as follows:
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

(I) 8. I ask the court to order that custody, parenting time, and support be as follows:
Use a separate sheet to explain in detail what you want the court to order and attach.

(J) _____ (Date) _____ (Moving party's signature)

NOTICE OF HEARING

A hearing will be held on this motion before Rebecca A. Shermak-Circuit Court Referee (Judge/Referee) (Bar no.)

(K) on _____ (Date) at _____ (Time) at 100 W Main St., Ionia MI 48846 (Location).

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.

Note: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 88.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion, a Uniform Child Custody Jurisdiction Enforcement Act Affidavit and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

(L) _____ (Date) _____ (Moving party's signature)

MOTION REGARDING CUSTODY, P. 2

Parents are encouraged to reach their own agreements regarding custody and parenting time. When parents cannot agree, the court must decide custody and parenting time by considering the following:

a. The love, affection, and emotional ties between each parent and child.

b. The ability of the parents to give the child love, affection, guidance, and religious education, if any.

c. The ability of the parents to provide the child with food, clothing, medical care, and necessities.

d. The length of time the child has lived in a stable, satisfactory environment; consistency.

e. The stability of each parent's family situation.

f. The moral fitness of the parents.

g. The mental and physical health of the parents.

h. The home, school, and community record of the child.

i. The age and preference of the child.

j. Whether each parent supports and encourages the child's relationship with the other parent.

k. Domestic violence.

If there is no agreement, fill out the following:

CIRCUMSTANCES HAVE CHANGED SINCE THE LAST CUSTODY ORDER AND/OR PROPER CAUSE NOW EXISTS TO CHANGE CUSTODY :

I ASK THE COURT TO ORDER CUSTODY, PARENTING TIME, AND CHILD SUPPORT AS FOLLOWS:

Attach additional pages if needed.

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE

Friend of the court address
100 W Main St, Ionia MI 48846

FAX: (616) 527-5397

Telephone no.
(877) 543-2660

Plaintiff	v	Defendant

Complete this form and sign on page 5.

YOUR GENERAL INFORMATION

1. Your full name				2. Date of birth	3. Place of birth: city and state	
4. Address	City	State	Zip		5. Home telephone	6. Work telephone
7. Social security number	8. Driver's license no.	9. Professional license, type and no.			10. Cell phone	11. E-mail address
12. Sex ☐ M ☐ F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race	18. Scars, tattoos, etc.
19. Your father's full name				20. Your mother's full maiden name		

21. Children in common with other parent in this case	Birthdate	Gender	SSN	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually

22. Names of other biological/adopted minor children you support	Birthdate	Address

23. Are you pregnant? ☐ Yes ☐ No	a. When is the child due?	b. Is the other party in this case the biological parent of the expected child? ☐ Yes ☐ No	24. Are you presently married? ☐ Yes ☐ No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation				26. Your employer (if unemployed, name of last employer)	
27. Employer's address	City	State	Zip		28. Date hired
29. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly				30. Filing status _____ dependents claimed ☐ married ☐ single ☐ head of household	
31. Hourly pay rate (including shift premium and COLA)	32. Total regular hours worked per pay period			33. Average overtime hours for past 12 months	

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

34. Second job		35. Employer		
36. Employer's address	City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly		39. Hourly pay rate		40. Average hours worked per pay period since hire date

41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:

Name of last full-time employer	Address of last full-time employer
Position held at last place of full-time employment	Last day employed full-time
Length of time employed in last full-time position	Reason for leaving last full-time employment

Gross earings per pay period (earnings before taxes)
$ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly

42. List MONTHLY income from all other sources, such as:

Commissions	_____	Unemp. Benefits	_____	Nat'l Guard & Res. Drill Pay	_____
Bonuses	_____	Strike Pay	_____	Armed Services	_____
Profit Sharing	_____	SUB Pay	_____	Allowance for Rent	_____
Interest	_____	Sick Benefits	_____	Rental Income	_____
Dividends	_____	Workers' Comp.	_____	Spousal Support/Alimony	_____
Annuities	_____	Soc. Sec. Benefits	_____	State Disability Assistance	_____
Pensions/Longevity	_____	VA Benefits	_____	F I P	_____
Deferred Comp./IRA	_____	Disability Insurance	_____	Supp. Security Income SSI	_____
Trust Funds	_____	GI Benefits	_____	Other	_____

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? ☐ Yes ☐ No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Type of benefit (check one) Dependent benefit	Source of dependent benefit (mother, father, stepparent)

45. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
If yes, please explain medical condition/restriction: ☐ Yes ☐ No

47. What is your educational background? (Check one)
☐ less than high school ☐ High school graduate ☐ Trade school graduate
☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

48. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

51. What dependent coverage is available to you without cost?
☐ Medical ☐ Dental ☐ Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

YOUR CHILD-CARE INFORMATION

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? ☐ Yes ☐ No
If yes, complete the following information.

Name of child-care provider	Names of children receiving child care
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year
Current weekly child-care cost.	Amount of child-care credit received on last year's federal I.R.S. tax return.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

Reason	Estimated number of hours per week
☐ Work related	_____
☐ Looking for employment	_____
☐ Enrolled in educational program to improve employment opportunities	_____

56. If your reason for child care is education related, provide the following information.

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

Case No. _____

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

58. Full name				59. Date of birth	60. Place of birth: city and state	
61. Address	City	State	Zip		62. Home telephone	63. Work telephone
64. Social security number	65. Driver's license no.	66. Professional license, type and no.			67. Cell phone	68. E-mail address
69. Sex ☐ M ☐ F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.
76. Father's full name				77. Mother's full maiden name		
78. Names of other biological/adopted minor children he/she supports			Birthdate	Address		
79. Is this party pregnant? ☐ Yes ☐ No	a. When is the child due?		b. Is the party in this case the biological parent of the expected child? ☐ Yes ☐ No		80. Is this party married? ☐ Yes ☐ No	
81. Occupation				82. Employer (if unemployed, name of last employer)		
83. Employer's address	City	State	Zip		84. Date hired	
85. Gross earnings per pay period (earnings before taxes)				86. Average overtime hours for past 12 months		
87. Medical insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	
88. Dental insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	
89. Optical insurance company name, address, telephone no.				Policy/Group number	Beginning date, if known	

90. What dependent coverage is available to the other parent without cost?
☐ Medical ☐ Dental ☐ Optical

91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

92. Individuals currently covered by other parent's insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

Case No. _____

If you want friend of the court services, you must check the box below.

☐ **I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.**

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____

Date Signature

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.