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Friend of the Court
Circuit Court Referee

8TH JUDICIAL CIRCUIT COURT IONIA COUNTY FRIEND OF THE COURT

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AGREEMENTS BETWEEN PARTIES TO MODIFY CHILD SUPPORT ARREARAGES OR HEALTH INSURANCE COVERAGE

If parties agree to modify their court order regarding child support arrearages or health insurance coverage, Friend of the Court staff can assist them to achieve this. To do so, fill out the attached form by filling it out completely, in pen and in a neat, legible manner, and initialing where appropriate to your specific agreement. Then, each party must sign and date the document. File the form at the Clerk's Office. After you file the completed form, you will receive a notice of hearing in the mail. Make sure to attend the hearing as scheduled.

Friend of the Court staff will review the document to ensure that the agreement is acceptable to the court. They will then secure a signature from the judge, which make the agreement an enforceable order of the court.

There are some general requirements that we ask that you keep in mind regarding the support Order.

1. If the minor child/ren receive public assistance, a parent CANNOT cancel any arrears owed to the State of Michigan for cost of public assistance. Parties CAN cancel arrears owed between them if they choose to do so.
2. Make sure you include the date you want the agreement to take effect in the place listed. If you fail to include a date, the first day of the month following the entry of the order will generally be used.
3. You must complete the attached form because this will become the Order of the Court. Generally speaking, the Court cannot use other forms or documents which parties create themselves.

As always if you have any questions, please ask a Friend of the Court representative for assistance.

State Of Michigan
8th Circuit Court
Ionia County

AGREEMENT OF THE PARTIES and ORDER
to MODIFY ARREARAGES/HEALTHCARE INSURANCE

CASE NO. _____

PLAINTIFF VS DEFENDANT

Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Telephone No. _____ Telephone No: _____

***The parties have reached an agreement and ask the following provision(s) to be adopted
By the Court:***

Initial here

___/___ Father/Mother's (please circle) **entire** child support arrearages shall be forgiven. Any
arrearages owed to the State of Michigan shall remain in effect.
___/___ Father/Mother's (please circle) child support arrearages shall be forgiven in the amount of
\$ _____.
___/___ Father/Mother/Third Party (please circle) shall provide health insurance for the minor children.
If the insurance is provided by a Third Party and becomes unavailable, then this provision will revert to
the original order where the party named shall be responsible to carry the health insurance on the
minor children at a cost not to exceed 6% of their gross income.

Please provide a copy of insurance card, front & back, and the following information (must be filled
out completely):

Name of Person & Social Security Number (mother/father/third party) providing the insurance:

Name & Address of Insurance Company: _____

Type of Insurance & Who is covered by this insurance (medical/dental/vision): _____

Group Number: _____ Policy Number: _____

These agreements shall take effect on _____. If not filled in, these changes will take effect the
Date

first of the month following the date this is signed by the Court.

Plaintiff's Signature/ Date

Defendant's Signature/ Date

Third Party Signature/ Date

IT IS SO ORDERED:

Circuit Court Judge

Date

Reviewed/approved by FOC/ Date

NOTICE OF SUBMISSION OF ORDER: PLEASE TAKE NOTICE that this order will become binding within 7
days from the above date unless a written objection is filed by either party. Any objection must be filed
with the Friend of the Court office and copies must be served on the other party. Objection forms are
available at the Friend of the Court office.