

|                                                                     |                                                                 |                           |
|---------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|
| <b>STATE OF MICHIGAN</b><br>8TH JUDICIAL CIRCUIT<br>COUNTY<br>IONIA | <b>UNIFORM CHILD SUPPORT ORDER</b><br><b>DEVIATION ADDENDUM</b> | <b>CASE NO. and JUDGE</b> |
|---------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| <b>Court address</b><br>100 W MAIN ST., IONIA MI 48846 | <b>Court telephone no.</b><br>(877) 543-2660 |
|--------------------------------------------------------|----------------------------------------------|

|                  |   |                  |
|------------------|---|------------------|
| Plaintiff's name | v | Defendant's name |
|------------------|---|------------------|

**THE COURT FINDS:**

1. Paragraph(s) \_\_\_\_\_ in the preceding pages of the uniform order deviate from the Michigan Child Support Formula and are warranted to avoid an unjust or inappropriate result.  
 (Specify paragraph number.)
2. Pursuant to MCL 552.605(2), it has been determined from the facts of this case that:
  - a. The child support obligation that would be ordered by applying the Michigan Child Support Formula is:

|                                                    |            |
|----------------------------------------------------|------------|
| Payer:                                             | Payee:     |
| Children's names and annual overnights with payer: |            |
| Children's names                                   | Overnights |
|                                                    |            |
|                                                    |            |
|                                                    |            |
|                                                    |            |
|                                                    |            |
|                                                    |            |
|                                                    |            |

| 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:                                                                                    | \$      | \$         | \$         | \$         | \$                 |
| Premium adjust.                                                                             | \$      | \$         | \$         | \$         | \$                 |
| Subtotal:                                                                                   | \$ 0.00 | \$ 0.00    | \$ 0.00    | \$ 0.00    | \$ 0.00            |
| Ordinary medical:                                                                           | \$      | \$         | \$         | \$         | \$                 |
| Child care:                                                                                 | \$      | \$         | \$         | \$         | \$                 |
| Other:                                                                                      | \$      | \$         | \$         | \$         | \$                 |
| Benefit credit:                                                                             | \$      | \$         | \$         | \$         | \$                 |
| <b>Total:</b>                                                                               | \$ 0.00 | \$ 0.00    | \$ 0.00    | \$ 0.00    | \$ 0.00            |

☐ 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 \_\_\_\_\_ % by the plaintiff and \_\_\_\_\_ % by the defendant. 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 is \_\_\_\_\_.

(Item 2 continued.)

**Health-Care Coverage.** For the benefit of the children, the ☐ plaintiff ☐ defendant shall maintain health-care coverage (as defined in MCL 552.602) that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is accessible to the child and available at a reasonable cost. The reasonable cost is the parent's net cost of adding the children to the parent's coverage

- ☐ up to a maximum of \$ \_\_\_\_\_ for plaintiff. ☐ up to a maximum of \$ \_\_\_\_\_ for defendant.  
☐ not to exceed 6% of the plaintiff's/defendant's gross income.

b. Applying the Michigan Child Support Formula is unjust or inappropriate because: (Specify the deviation factors relied on.)

c. The child support order deviates from the Michigan Child Support Formula as follows:

(Specify which provisions of the child support formula create an unjust or inappropriate result and explain how this order deviates from the provisions.)

d. The value of property or other support awarded instead of the payment of child support: (If not applicable, put none.)

Plaintiff (if consent/stipulation) \_\_\_\_\_ Date \_\_\_\_\_ Defendant (if consent/stipulation) \_\_\_\_\_ Date \_\_\_\_\_

Plaintiff's attorney \_\_\_\_\_ Date \_\_\_\_\_ Defendant's attorney \_\_\_\_\_ Date \_\_\_\_\_

Prepared by: \_\_\_\_\_  
Name (type or print)

**NOTE:** When deviating, this form must be completed, attached, and served along with the rest of the Uniform Child Support Order. The proof of service on the Uniform Child Support Order must indicate this form was included.