

Form 36 FOC L05

MOTION REGARDING PAYMENT PLAN AND TO DISCHARGE OR ABATE ARREARAGE

YOU CANNOT USE THIS FORM IF:

- If you have an attorney. Contact your attorney for legal assistance.
- If your case number contains any of the following case code types: DI,DF,DW,TI,UW,DR,UC,UN,UD,UI,UO,UF,DU,TU,UE,UM. If you want to modify a support order in any of these types of cases, please contact your support enforcement officer for assistance.

FILE YOUR MOTION AND PAY YOUR \$60.00 FEE (\$20.00 MOTION FEE, \$40.00 ORDER ENTRY FEE) TO THE COUNTY CLERK. DO NOT FILE YOUR MOTION AT THE FRIEND OF THE COURT OFFICE. DO NOT MAKE YOUR PAYMENT PAYABLE TO THE FRIEND OF THE COURT.

INSTRUCTIONS FOR USING FORM 36 FOC L05 PAYMENT PLAN MOTION

FILING A MOTION

1. FILL OUT THE MOTION FORM.

Use the instructions on page 4. Type or print neatly. **If you fail to provide all of the required information, your motion may be denied or dismissed.**

2. FILE THE MOTION FORM WITH THE COUNTY CLERK.

Take the original and four (4) copies of the form to the Office of the Van Buren County Clerk (Van Buren County Clerk, 212 Paw Paw Street, Paw Paw, MI 49079)

You must pay a \$20.00 motion fee and a \$40.00 order entry fee. The total, \$60.00, is due at the time you file your Motion. Make your money order payable to "Van Buren County Clerk". No personal checks will be accepted by the County Clerk.

The County Clerk will keep the original and all copies of the motion and any attachments for the court file and the Friend of the Court. A copy will then be returned to you at the address you provided on the form, with a hearing date scheduled by the Friend of the Court.

INFORMATION ABOUT ATTENDING THE HEARING:

Bring all supporting papers you have.

1. By using this form packet, you are representing yourself in a court action regarding a support judgment. Since you are representing yourself, you are expected to conduct yourself as an attorney would and to follow the same general rules an attorney would.
2. Make a list of information you feel is important for the Referee or Judge to know. The information should relate to the reasons stated in your motion. You can use this as a reminder to bring up the points you feel are important.
3. If you feel you need an order requiring someone to attend this hearing, follow the procedure in Michigan Court Rule 2.506 or consult with an attorney.
4. Go to the Judge's courtroom or Referee's hearing room on the scheduled day and time. Dress neatly. Get there 10 or 15 minutes early. Be prepared to spend most of the morning or afternoon in court.

5. Do not interrupt any hearing in progress. Take a seat in the back of the courtroom and wait for your case to be called.
6. When you are called, sit at the appropriate table, marked "Plaintiff" or "Defendant" You may be asked the following:
 - 1) Your name
 - 2) What your request(s) is (are)
 - 3) The facts or reasons for your request (bring papers showing your income such as pay stubs, W-2 forms, income tax forms, etc.)
 - 4) Why you believe this order would be in the best interests of the child(ren)
 - 5) Whether you have witnesses in court who are willing to testify
Answer the questions clearly and directly. If the referee wants to hear from the other witnesses, ask them to tell the court what they saw or know regarding your situation.
 - 6) If the other party is in court, he or she will have the chance to speak also.
When the other party talks, take notes. Do not interrupt the other party.

MOTION CHECKLIST

Use the following checklist to make sure you have done all the steps that are needed.

DID YOU.....

1. Fill out all requested information on the form? Yes
2. Make all necessary copies? (**Four** of any attachments) Yes
3. Pay the motion fee to the County Clerk? Yes

IF YOU CANNOT ANSWER "YES" TO ALL OF THE ABOVE STEPS, A HEARING ON YOUR MOTION MAY BE DELAYED OR YOUR MOTION MAY BE DISMISSED.

•IMPORTANT•

If the other party is represented by an attorney, you must include that attorney's name and complete business address on the front of the motion form.

INSTRUCTIONS FOR COMPLETING

PAYMENT PLAN MOTION

Please print neatly or use a typewriter.

Items A through H must be complete before your motion can be filed with the court. Please read the instructions for each item. Then fill in the correct information for that item on the form.

- A** Before you fill in the Docket ID number, get your court papers for divorce, separate maintenance, paternity, or family support and copy the Docket ID number from those court papers onto this form.
- B** Also use your court papers to fill in the "Plaintiff" and "Defendant" boxes. If the other party has an attorney, include the attorney's name and address also. Please note, the Plaintiff and Defendant will always be according to the initial filing of the action, therefore, copy the names from these court papers onto this form. For example, if your name is in the box that says "Plaintiff", then you should write your name in the "Plaintiff" box on this motion form. Once you have written the names where they belong, you must check the box "moving party" in the same box as your name.
- C** You are asking the Court for specific relief regarding a support judgment. You are the "moving party". Fill your name in C.
- D** Contact the accounting department at the Friend of the Court Office to obtain the balance on your account. Tell them you are filing a Motion for a Payment Plan. Complete section D using the information you receive from the accounting department.
- E** Fill in the other party's name. You are responsible for contacting the other party if any of the support arrears are owed to them. The other party must agree to your payment plan for any arrearage that is owed to them.
- F** Fill in the amount of your weekly or monthly gross income. Indicate if it is a weekly or monthly amount.
- G** Explain what kind of a payment plan you think is reasonable based on the amount of arrearages you owe.
- H** Date and sign your Motion. Remember, you are signing this Motion and you are verifying all of the statements in the Motion are true.

STATE OF MICHIGAN
36th **JUDICIAL CIRCUIT**
Van Buren **COUNTY**

**MOTION REGARDING PAYMENT PLAN/
DISCHARGE OF ARREARS**

(A) CASE NO.

Court address
Friend of the Court 219 Paw Paw Street, Paw Paw, MI 49079

Court telephone no.
F (269) 657-8282; P (269) 657-7734

(B) Plaintiff's name, address, and telephone no. moving party

Third party name, address, and telephone no. moving party

Defendant's name, address, and telephone no. moving party

v

- (C)** 1. Friend of the court records show that, as of _____ :
Date
- a. my current support is \$ _____ per month. My youngest child in the case will be or was 18 years of age on _____ .
Date
 - b. my total arrears are \$ _____. Attached is written proof from the friend of the court office.
 - c. I owe \$ _____ support arrears to _____ , the individual payee.
Name
 - d. I owe \$ _____ support arrears to the State of Michigan.
 - e. I owe \$ _____ for Medicaid/confinement reimbursement arrears.
 - f. I owe \$ _____ in statutory fees.
 - g. I owe \$ _____ to _____ .
Specify agency/person
2. It is in the best interests of the parties and the child(ren) that a payment plan be ordered in this case.

(D) 3. I understand that the individual payee must consent to entry of an order for payment plan when the arrears are owed to that individual. The payee's consent was not given under fear, coercion, or duress.

(E) 4. I owe arrears to the State of Michigan or a political subdivision and, absent a payment plan, I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.

5. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.

(F) 6. I have gross income in the amount of \$ _____ per _____. I understand that I must provide adequate records to show proof of my income.

(G) 7. I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description	Net Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

(See page 2 for remainder of motion.)

7. (continued.) Attach a separate sheet if more space is needed.

Description	Net Value
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

8. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

- H** 9. I ask:
- a. that the court order a payment plan of \$ _____ per month for _____ months toward support arrears in this case.
 - b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
 - c. that the court grant me such other and further relief as is just and appropriate.

I 10. I further ask that once I complete this payment plan, the court enter an order discharging any remaining arrears.

Date

Signature

NOTICE OF HEARING

J A hearing will be held on this motion before _____
Judge/Referee Bar no.
 on _____ at _____ at _____
Date Time 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. When contacting the court, provide your case number(s).

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 117.

CERTIFICATE OF MAILING

K I certify that on this date I served a copy of this motion on the parties or their attorneys and as appropriate to the Office of Child Support or political subdivision by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature