

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM SPOUSAL SUPPORT ORDER, NO FRIEND OF COURT SERVICES (PAGE 1) <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	CASE NO.
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Court address Court telephone no.

Plaintiff's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., address, and telephone no.
Defendant's source of income name, address, and telephone no.

This order is entered after hearing. on stipulation/consent of the parties.

IT IS ORDERED, UNLESS OTHERWISE ORDERED IN ITEM 8: Standard provisions have been modified (see item 8).

1. Spousal Support. Spousal support shall be paid monthly as follows:

Payer:	Payee:	Amount: \$	Effective date:
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2. This order continues until the death of the payee or until the earliest of the following events:

- Date: _____ \$ _____ is paid.
- Remarriage of the payee. Death of the payer.
- Other (specify all other events): _____

3. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

4. Payments that must be paid directly to the third party (not to the payee) are listed below.

Type	Amount Per Month	Start Date	Pay to	End Date
	\$			
	\$			
	\$			
	\$			

(See page 2 for the remainder of the order.)

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

UNIFORM SPOUSAL SUPPORT ORDER
NO FRIEND OF COURT SERVICES (PAGE 2)

CASE NO.

EX PARTE TEMPORARY MODIFICATION FINAL

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

- 5. **Retroactive Modification and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.
- 6. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify each other in writing within 21 days of any change in: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603.
- 7. **Prior Orders.** This order supersedes all prior spousal support orders and all continuing provisions are restated in this order. Past-due amounts owed under any prior support order are preserved.
- 8. **Other: (Attach separate sheets as needed.)**

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Plaintiff's attorney

Date

Defendant's attorney

Date

Date

Judge

Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature

COURT USE ONLY