

Ingham Friend of the Court Address:  
 P. O. Box 40097 303 W. Kalamazoo 1st Floor Lansing , MI 48901

Telephone No. (517) 483-6103  
 Fax No. (517) 483-6107

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|--|
| Plaintiff's name, address, and telephone no. |
| Plaintiff's source of income name            |

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

**UNLESS OTHERWISE ORDERED in item 13:** [ ] Standard provisions have been modified (see item 13)

- The support obligation for a child continues until that child reaches age 18. The support obligation for a child continues thereafter until that child reaches age 19 years and 6 months, as long as the child is regularly attending high school full-time with a reasonable expectation of graduating, and the child is residing full-time with the support recipient or at an institution. Child care for a child continues through August 31 following that child's 12th birthday. The parties must notify each other of changes in child-care expenses and must additionally notify the friend of the court if the change ends those expenses.
- Income withholding takes immediate effect. Payments shall be made through the Michigan State Disbursement Unit unless otherwise ordered in item 13.
- Child Support.** The payer has a monthly child-support obligation as follows:

|  |         |                          |            |            |                    |
|--|---------|--------------------------|------------|------------|--------------------|
| Payer: Isabel Anne Maine   |         | Payee: Phillip Adam Utah |            |            |                    |
| Children's names and birth dates:  |         |                          |            |            |                    |
| 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:   | \$14.00 |                          |            |            |                    |
| Premium adjust:  | \$0.00  |                          |            |            |                    |
| SS pymt. credit:   | \$0.00  |                          |            |            |                    |
| Total:   | \$14.00 |                          |            |            |                    |
| Ordinary medical:  | \$15.00 |                          |            |            |                    |
| Child care:  | \$0.00  |                          |            |            |                    |
| Total:   | \$29.00 |                          |            |            |                    |
| Support includes a parental time offset using 183 overnights for Isabel and 182 for Phillip. |         |                          |            |            |                    |

- Insurance.** For the benefit of the children, [X] Isabel Anne Maine [X] Phillip Adam Utah shall maintain health-care coverage through an insurer [as defined in MCL 552.602(o)] that includes payment for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy not to exceed 5% of Isabel Anne Maine's/Phillip Adam Utah's gross income.
- Uninsured Health-Care Expenses.** All uninsured health-care expenses exceeding the annual ordinary medical amount will be paid 51% by Isabel Anne Maine and 49% by Phillip Adam Utah. 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 for Isabel Anne Maine paying Phillip Adam Utah is \$345.00 for 1 child.
- Qualified Medical Support Order.** This order is a qualified medical support order pursuant to 29 USC 1169. To qualify this order, the Friend of the Court shall issue a notice to enroll pursuant to MCL 552.626b. A parent may contest the notice by requesting a review or hearing concerning availability of health care at a reasonable cost.

7. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Except as provided by MCL 552.603, support is a judgment the date it is due and is not modifiable retroactively. A surcharge will be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues in an amount greater than the periodic support payments payable for two months under the payer's support order.
8. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify the Friend of the Court in writing, within 21 days of any change in: a) their mailing or residence 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.
9. **Redirection and Abatement:** Subject to statutory procedures, the Friend of the Court: 1) may redirect support paid for a child to the person who is legally responsible for that child; 2) shall abate support charges for a child who resides on a full-time basis with the payer of support; or 3) shall redirect support to the Department of Human Services for a child placed in foster care.
10. **Fees.** The payer of support shall pay statutory and service fees as required by law.
11. **Review.** Each party to a support order may submit a written request to have the Friend of the Court review the order. The Friend of the Court is not required to investigate more than one request received from a party each 36 months. A party may also file a motion to modify this support order.
12. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved. Any past-due support shall be paid in the amount calculated using the Michigan Child Support Formula.
13. **Other: (Attach separate sheets as needed)**

|                               |
|-------------------------------|
| <b>CERTIFICATE OF MAILING</b> |
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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.

Investigator: Train049

Guideline ID: 475453  
08-06-2009

**INCOME CALCULATIONS:**

|                   |  |                   |   |
|-------------------|--|-------------------|---|
| Isabel Anne Maine | Tax Status: Head of Household<br>Tax Exemptions: 2 | Phillip Adam Utah | Tax Status: Single<br>Tax Exemptions: 1 |
|-------------------|--|-------------------|---|

**Calculations for Isabel Anne Maine paying Phillip Adam Utah**

| Monthly Income      | Isabel            | Phillip           | Monthly Ded/Adj     | Isabel          | Phillip         |
|---------------------|-------------------|-------------------|---------------------|-----------------|-----------------|
| Primary Earnings    | \$1,287.00        | \$1,287.00        | Federal Income Tax  | \$0.00          | \$50.78         |
|                     |                   |                   | State Income Tax    | \$29.88         | \$42.93         |
|                     |                   |                   | Social Security Tax | \$98.45         | \$98.45         |
| <b>Gross Income</b> | <b>\$1,287.00</b> | <b>\$1,287.00</b> | <b>Total</b>        | <b>\$128.33</b> | <b>\$192.16</b> |

P = Potential Income and Taxes/M = Manually Entered Figures

|                                | Isabel            | Phillip           |
|--------------------------------|-------------------|-------------------|
| Monthly Gross Income           | \$1,287.00        | \$1,287.00        |
| Monthly Deductions/Adjustments | \$128.33          | \$192.16          |
| Monthly Net Income             | <b>\$1,158.67</b> | <b>\$1,094.84</b> |

**SUPPORT CALCULATIONS:**

MCSF 3.02(A)  
Children in common: 1  
Children in common on the docket: 1

|   | Isabel     | Phillip    |
|---|------------|------------|
| MCSF 3.02(D) - Low Income Transition Equation applies       |            |            |
| Monthly Net Income  | \$1,158.67 | \$1,094.84 |
| Low Income Percentage                                       | 50%        | 50%        |
| Support calculated under the Low Income Transition Equation | \$239.00   | \$207.00   |

|                      | Isabel          | Phillip         |
|----------------------|-----------------|-----------------|
| <b>BASE SUPPORT:</b> | <b>\$239.00</b> | <b>\$207.00</b> |

**PARENTAL TIME OFFSET - MCSF 3.03**

|   |                |               |
|---|----------------|---------------|
| [ISABEL has child(ren) an average of 183 days.]   |                |               |
| [PHILLIP has child(ren) an average of 182 days.]  |                |               |
| Parenting Time Offset Equation calculated amount: | <b>\$14.00</b> | <b>\$0.00</b> |

**PARENT'S PERCENTAGE SHARE OF FAMILY INCOME - MCSF 3.01(B)(2)**

|                                    |                 |            |
|------------------------------------|-----------------|------------|
| Monthly Gross Income               | \$1,287.00      | \$1,287.00 |
| Monthly Deductions/Adjustments     | \$128.33        | \$192.16   |
| Monthly Net Income                 | \$1,158.67      | \$1,094.84 |
| Family Net Income:                 | <b>2,253.51</b> |            |
| Share of Net (to the nearest 10th) | 51.4%           | 48.6%      |

**ORDINARY MEDICAL EXPENSE OBLIGATIONS - MCSF 3.04(A)**

|  |                |               |
|--|----------------|---------------|
| Percentage of Health Care Obligations                            | 51%            | 49%           |
| MCSF 3.04(B)   |                |               |
| Ordinary Medical Expenses: \$345.00 (total) for 1 child annually |                |               |
| Payer's monthly share  | <b>\$15.00</b> | <b>\$0.00</b> |

|   |                |               |
|---|----------------|---------------|
| <b>TOTAL CALCULATED SUPPORT OBLIGATION:</b> | <b>\$29.00</b> | <b>\$0.00</b> |
|---|----------------|---------------|

**OTHER PROVISIONS:**

|            |        |        |
|------------|--------|--------|
| Fees/Other | \$3.50 | \$0.00 |
|------------|--------|--------|

**TOTAL MONTHLY RECOMMENDED SUPPORT OBLIGATION (Actual Income)**

**\$32.50**

**\$0.00**