

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

NOTICE OF REGISTRATION OF
OUT-OF-STATE SUPPORT ORDER
(UIFSA)

CASE NO.

Court address

Court telephone no.

TO: Respondent's name, address and telephone no.
(non-registering party)

1. Date of registration: _____

2. Date of notice: _____

3. An order for

payment of support,
 income withholding to pay child support,

issued by a court in

County and state

Petitioner's name

v

Respondent's name

,
has been registered with the county clerk of this
county for enforcement. modification.

4. Arrearage: \$ _____

5. A copy of the registered support order and other related documents are attached to this notice.
6. The attached order will automatically become an ORDER OF THIS COURT and will be enforceable in this state as if the order was issued in this state and you will not be permitted any further opportunity to challenge it.
7. If you wish to contest the validity or enforcement of this registered order, you must petition the court within 20 days from the date this notice was served on you (see proof of service on back) by completing the request for hearing on the bottom of this notice and returning it to the court address above.
8. If you request a hearing, you will be notified of the date, time, and place for the hearing, by first-class mail sent to the address you provide.
9. At the hearing on the petition you may present only matters available as a defense in an action to enforce a foreign money judgment.

Check this box to request a hearing. Complete the
request and return it to the court at the above
address.

REQUEST FOR HEARING

I request a hearing on the matter of the registration of a support order for the following reason(s): (Check

The registering state does not issuing state did not have personal jurisdiction
 The order was obtained by fraud.
 The order has been vacated, suspended, or modified by later order.
 The issuing state has stayed its order pending appeal.
 The arrearage amount stated is wrong because I have made full or partial payment.
 The statute of limitations precludes enforcement of some or all of the arrearages.
 The following defense is available under the laws of this state to the remedy sought to enforce the

Other: (Explain.) _____

My address, if different from _____

Date

Signature

Proof of Service on reverse

FOC 30 (3/08) NOTICE OF REGISTRATION OF OUT-OF-STATE SUPPORT ORDER (UIFSA) MCL 552.1621 *et seq.*, MCR 3.214(C)

Notice of Registration of
Out-of-State Support Order
Case

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the copies of the notice of registration of out-of-state support order and all attachments and filed proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

OFFICER CERTIFICATE

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)

OR **AFFIDAVIT OF PROCESS SERVER**

Being first duly sworn, I state that I am a legally competent adult who is **not** a party or an officer of a corporate party, and that: (notarization required)

I served a copy of the notice of registration of out-of-state support order together with all attachments
 personal service registered mail (return receipt attached) certified mail (return

Name of respondent	Complete address of service	Day, date, time
--------------------	-----------------------------	-----------------

I have personally attempted to serve a copy of the notice of registration of the out-of-state support all attachments _____
Name _____
at _____
Address _____
and have been unable to complete service because the address was incorrect at the time of filing.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee \$	Miles Traveled	Mileage fee \$	Total fee \$
-------------------	----------------	-------------------	-----------------

Signature _____
Name _____
Title _____

Subscribed and sworn to before _____, _____ County,
Date _____

My commission _____ Signature _____
Date _____ Deputy court clerk/Notary public
Notary public, State of Michigan, _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received a copy of the notice of registration of out-of-state support order attachments _____
Day, date, time _____

Signature of respondent _____

MCR 2.105

Approved, SCAO

Original - Court
1st copy - Issuing tribunal
2nd copy - Respondent

3rd copy - Petitioner
4th copy - Friend of the court
5th copy - Local IV-D agency