

<b>STATE OF MICHIGAN</b> <b>13th JUDICIAL CIRCUIT</b> <b>COUNTY</b>	<b>MOTION FOR ARREARAGE</b> <b>REPAYMENT PLAN</b> <b>(MICHIGAN SURCHARGE)</b>	<b>CASE NO.</b>
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Court Address

- ☐ 280 Washington Street, Suite 206, Traverse City, MI
- ☐ 203 E Cayuga Street (personal delivery), P O Box 520 (all mail), Bellaire, MI 49615
- ☐ 8527 E Governmental Center Drive, Suite 103, Suttons Bay, MI 49682

Court Telephone Number

231/922-4679

231/533-6353

231/256-9824

Plaintiff's name

Defendant's name

Plaintiff's address and telephone no.

Defendant's address and telephone no.

1. I, \_\_\_\_\_ (Plaintiff/ Defendant) owe the following child support as of \_\_\_\_\_:

Date

\_\_\_\_\_ In child support to \_\_\_\_\_;

\_\_\_\_\_ in child support to the State of Michigan;

\_\_\_\_\_ in Medicaid/confinement reimbursement;

\_\_\_\_\_ in court costs;

\_\_\_\_\_ in statutory fees;

\_\_\_\_\_ in \_\_\_\_\_.

I owe \$\_\_\_\_\_ in surcharges.

**A Friend of the Court account printout is attached.**

2. ☐ I am required to contribute \$\_\_\_\_\_ per month in current support.

☐ This is an arrears only account.

3. The arrearage did not arise from conduct that I engaged in exclusively for the purpose of avoiding my support obligation.

4. I represent to the Court, under penalty of contempt, that the following information is true and accurate:

**A. Employment: The name, address and phone number of my current employer is:**

Current Rate of Pay: \_\_\_\_\_ per( hour/week/month) (Specify gross [before deductions] pay.)

If you are not currently working:

When did you last work? \_\_\_\_\_ For whom did you work? \_\_\_\_\_

kWhat was your rate of pay? \_\_\_\_\_ Per( hour/week/month) (Specify gross [before deductions] pay.)

**B. Public Assistance:** List all forms of public assistance, e.g., cash grant, housing, food stamps, Medicaid, child care assistance, supplemental security income.

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**C. Other sources of income:** List all other sources of income and amounts received (examples are social security disability; Veteran=s benefits, per capita payments, rental income; pensions; self-employment income; unemployment benefits)

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**D. Assets:** Indicate whether you own any of the following assets and the value thereof:

	Value
<input type="checkbox"/> Home	\$ _____
<input type="checkbox"/> Car/Vehicles	\$ _____
<input type="checkbox"/> Boats/RV's/Etc.	\$ _____
<input type="checkbox"/> Bank Accounts	\$ _____
<input type="checkbox"/> Other Assets	\$ _____

**E. Obligations:** Itemize the following expenses (in monthly amounts):

	Monthly Amount
Rent/Mortgage	\$ _____
Utilities	\$ _____
Car Payments	\$ _____
Insurances	\$ _____
Child Support (for other cases)	\$ _____
Food	\$ _____
Other installment obligations including credit card <u>required minimum</u> payments; medical bills and any other obligations	
_____	\$ _____
_____	\$ _____
_____	\$ _____

**5.** I propose the following payment plan:

\$ \_\_\_\_\_ per month in current support, and/or \$ \_\_\_\_\_ toward my arrearages for \_\_\_\_\_ months.

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

**6.** 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 individual to whom support is owed **consents** to this repayment plan by his/her signature below:

\_\_\_\_\_  
Signature Date

This consent is not given under fear, coercion or duress.

**7.** I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears unless the Court orders a repayment plan. I request the Court schedule a hearing and approve my proposed repayment plan.

\_\_\_\_\_  
Date Signature

**PROOF OF SERVICE**

(I understand I must provide notice to the Office of Child Support at least 56 days before the hearing in this matter.)

I have served a copy of this motion on The Office of Child Support at:  
Office of Child Support Operations - Lansing  
C/O Arrears Payment Plan Review Unit  
PO Box 30744  
Lansing MI 48909-8250

on \_\_\_\_\_ . I have also served a copy of this motion on \_\_\_\_\_  
Date Name of individual to whom support is owed

at \_\_\_\_\_ on \_\_\_\_\_ .  
Address Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date