

STATE OF MICHIGAN

13th JUDICIAL CIRCUIT
COUNTYMOTION FOR ARREARAGE
REPAYMENT PLAN
(MICHIGAN SURCHARGE)

CASE NO.

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

Plaintiff's address and telephone no.

Defendant's name

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? _____
 What 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