

**Osceola County Friend the Court
301 West Upton Avenue
P.O. Box 135
Reed City, MI 49677
(231) 832-6131**

RESPONSE TO MOTION REGARDING SUPPORT – FOC 51

USE THIS FORM IF:

- you get a copy of FOC 50, Motion Regarding Support. By filling out this form, you are **answering** the statements made in the motion by the other party.

It is your responsibility to provide supporting facts for your response. You will need to submit 5 days prior to the hearing date COPIES of the last 2 years of income tax returns (all pages), W-2 forms, 4 current pay check stubs, copies of any/all medical insurance cards issued for the benefit of your child(ren).

INSTRUCTIONS:

- A. Before you fill in the Case No., get your copy of the Motion Regarding Support (FOC 50) and copy the Case No. from that paper onto this form.
- B. Also use the motion to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from the motion onto this form. For example, if your name is in the box that says "plaintiff", then you should write your name in the "plaintiff" box on this response form.

The other party is the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as the other party's name.

- C. **Check only one box.** If you have a judgment or order for divorce, separate maintenance, paternity, or family support, read it carefully to find out if there is any information in it about support. If there is information about support, check box a. If there is no information about support, check box b.
- D-F. Check these boxes only if you checked box a. in **C** above. Read your court papers for divorce, separate maintenance, paternity, or family support to find out who was ordered to pay support, how much, and how often. Write this information here.

- G. Check this box only if **G** is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box "do not agree", **explain in as much detail** as possible what you do not agree with and why. Print this information as neatly as you can. If you need more space, use a separate sheet of paper. You will need **3 copies** of this form.
- H. Check this box only if **H** is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box "do not agree", **explain in as much detail** as possible what you did agree on. If you need more space, use a separate sheet of paper. You will need **3 copies** of this sheet to attach to **3 copies** of this form.
- I. Check this box only if **H** is checked on the Motion form (FOC 50). Then check whether you agree or do not agree with what was said in the Motion form (FOC 50). If you check the box "do not agree", **explain in as much detail** as possible what you did agree on. If you need more space, use a separate sheet of paper. You will need **3 copies** of this sheet to attach to **3 copies** of this form.
- J. Write in today's date and sign your name.
- K. On the date that you file this Response, complete the certificate of mailing on all of your copies. File the Original with the clerk's office, a copy goes to the Friend of the Court Office, mail 1 copy to the other party, and keep 1 copy for yourself.

The Response to the Motion Regarding Support along with copies of any separate sheets need to be mailed to the other party at least **5 weekdays** (not including holidays) before the hearing date.

You must attend this hearing. Since you are representing yourself, you are expected to follow the same general rules as an attorney would. If you feel you need to subpoena someone to this hearing you will need to follow the procedures in the Michigan Court Rule 2.506 or consult an attorney.

THE FRIEND OF THE COURT OFFICE WILL NOT REPRESENT YOU OR THE OTHER PARTY.

After the hearing, the Friend of the Court Referee will make a Recommendation. If no Objection is filed within **21 days** of the proof of mailing, the Recommendation will become an Order of the Court.

Approved, SCAO

STATE OF MICHIGAN 49th JUDICIAL CIRCUIT OSCEOLA COUNTY	RESPONSE TO MOTION REGARDING SUPPORT	(A) CASE NO.
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Court address
301 W. UPTON AVENUE, P.O. BOX 135, REED CITY, MI 49677

Court telephone no.
(231) 832-6131

(B) Plaintiff's name, address, and telephone no. moving party

v

Defendant's name, address, and telephone no. moving party

Third party name, address, and telephone no. moving party

(C) 1. a. On _____ a judgment
Date
or order was entered regarding support.

b. There is currently no order regarding support.

(D) 2. The plaintiff defendant is ordered to pay support of \$ _____ each _____
week, month, etc.

(E) 3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____
week, month, etc.

(F) 4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____
week, month, etc.

(G) 5. I agree do not agree that conditions regarding support have changed as stated in the motion.
Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

(H) 6. I agreed with the other party to start/change support:
 a. exactly as stated in the motion.
 b. but not as stated in the motion.
If b. is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

(I) 7. a. I agree with what is being asked for in the motion.
 b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

(J) _____
Date

Responding party's signature

CERTIFICATE OF MAILING

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

(K) _____
Date

Responding party's signature