

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	CERTIFICATE ON BEHALF OF PLAINTIFF REGARDING EX PARTE INTERIM SUPPORT ORDER	CASE NO.
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PLAINTIFF'S NAME	v.	DEFENDANT'S NAME
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REVIEW BOTH SIDES OF THIS FORM BEFORE COMPLETING.

IF YOU ARE **NOT** PRESENTING AN EX PARTE ORDER, COMPLETE THIS SIDE OF THIS FORM.
 IF YOU ARE PRESENTING AN EX PARTE ORDER, COMPLETE THE OTHER SIDE OF THIS FORM.
 PLEASE PUT A LARGE 'X' ACROSS THE SIDE YOU ARE NOT COMPLETING.

_____ I AM **NOT** PRESENTING AN EX PARTE INTERIM SUPPORT ORDER FOR ENTRY AT THIS TIME DUE TO THE FOLLOWING REASON(S): (CHECK THE REASON(S) THAT APPLY).

- ___ 1. A prior order for support of the minor child/children is in effect:
 Name of County _____ Case Number _____
- ___ 2. The non-custodial party is not the parent of the child/children named in the complaint and the complaint so states.
- ___ 3. The Court lacks personal jurisdiction over the Defendant because the whereabouts of the Defendant are unknown. Service will be by publication.
- ___ 4. The parties are presently residing together and the child/children are being adequately supported and there is no public assistance or application for public assistance pending.
- ___ 5. I am the custodial parent and the other party is providing appropriate support for the child/children and there is no public assistance or pending application for public assistance pending.
- ___ 6. The child/children are receiving Social Security Dependant Benefits as support.
- ___ 7. The non-custodial parent is unemployed, receives Public Assistance or Supplemental Security Income (SSI) and has no other source of income. A request for a Friend of the Court child support investigation has been made.
- ___ 8. The ability of the non-custodial parent to provide support for the minor child/children has not been determined. A motion for a temporary child support order has been filed.
- ___ 9. Other _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ / _____ P _____
 Attorney's or Party's Printed Name/Signature _____
 Address _____
 City _____ State _____ Zip Code _____ Telephone _____

- A. Please check the appropriate item(s), sign and serve the original of this certificate, the complaint (or counter-claim or petition) and an MSA 27A.659, MCL 600.659 custody affidavit upon the Court, the County Clerk, the Friend of the Court, and the other party. **A 'VERIFIED STATEMENT- FRIEND OF THE COURT' MUST BE SERVED ON THE FRIEND OF THE COURT AND THE OTHER PARTY. DO NOT GIVE THE COUNTY CLERK THE VERIFIED STATEMENT.**
- B. Provide the Office of the Friend of the Court with a copy of the **PROOF OF SERVICE** setting forth that each of the documents referred to in Instruction A have been served upon the other party.

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_____ I AM PRESENTING AN EX PARTE INTERIM SUPPORT ORDER FOR ENTRY, WHICH INCLUDES THE FOLLOWING PROVISIONS: (CHECK THE PROVISION AND/OR CIRCLE THE CORRECT CHOICE)

_____ CUSTODY [with Names and Dates of Birth of minor child(ren)] MCL 552.15

_____ SOLE LEGAL AND PHYSICAL CUSTODY TO *PLT / DFT*

_____ JOINT LEGAL, SOLE PHYSICAL CUSTODY TO *PLT / DFT*

_____ JOINT LEGAL AND PHYSICAL CUSTODY

_____ ADDRESSES (NOTIFY FOC IF THERE IS A CHANGE) MCR 3.211 (D) (2)

_____ CHILD'S RESIDENCE

_____ PARTIES' RESIDENCE

_____ EMPLOYER'S

_____ DOMICILE MCR 3.211 (C)(1)

_____ PARENTING TIME MCL 722.27a

_____ SUPPORT MCR 3.211 (D) & (E)

_____ PAYABLE THRU FOC

_____ IF MORE THAN ONE CHILD, IN FORM OF, e.g., "\$100 For two children, \$64 for one child...etc."

_____ IMMEDIATE INCOME WITHHOLDING

_____ STATUTORY FEES

_____ HEALTH CARE MCR 3.211 (E)(3), MCL 722.27 and .3.

_____ NOTICE REGARDING OBJECTIONS REQUIRED BY MCR 3.207 B(5).

I CERTIFY THAT I AM PRESENTING A SUPPORT ORDER THAT AGREES WITH THE MICHIGAN CHILD SUPPORT GUIDELINES.

DATE _____ / _____ P _____

Attorney's or Party's Printed Name/Signature

Address _____

City _____ State _____ Zip Code _____ Telephone _____

- A. Please check the appropriate item(s), sign and serve the original of this certificate, the complaint (or counter-claim or petition) and an MSA 27A.659, MCL 600.659 custody affidavit upon the Court, the County Clerk, the Friend of the Court, and the other party. A **'VERIFIED STATEMENT- FRIEND OF THE COURT'** MUST BE SERVED ON THE FRIEND OF THE COURT AND THE OTHER PARTY. DO NOT GIVE THE COUNTY CLERK THE VERIFIED STATEMENT.
- B. Provide the Office of the Friend of the Court with a copy of the **PROOF OF SERVICE** setting forth that each of the documents referred to in Instruction A have been served upon the other party.