



THIRD JUDICIAL CIRCUIT COURT
FRIEND OF THE COURT

MOTION TO MODIFY CHILD SUPPORT

USE THIS SET OF FORMS IF:

- Child support is still being charged every month on your case
- You still have at least one child on this case that is under 18 years old
- There has been a change in how much money you make
- You want to raise or lower the monthly child support amount

NOTE: These instructions have been updated to reflect the current filing options. As filing options can change, please visit the Court's website at www.3rdcc.org/divisions/family-domestic/emergency-and-non-emergency-filings for the most up to date filing information.

This Motion must be filed and scheduled in the Coleman A. Young Municipal Center (CAYMC) building at Two Woodward Avenue, Detroit, MI 48226. It will cost you \$60.00 to file this motion. The County Clerk's Office accept cash; debit cards; MasterCard, American Express, and Discover credit cards; and, money orders made payable to the **Wayne County Clerk.**

If you cannot afford the filing fee, you can ask the Chief Judge for an Order waiving the filing fee. Fee Waiver forms can be obtained from Room 201 (CAYMC 2nd floor) or online [here](#). You must provide a copy of your State-issued photo ID card and proof of income and/or public assistance. Requests for Fee Waivers can be submitted in person at CAYMC or online using the Domestic Case Filings system. You cannot obtain a Fee Waiver by mail. If the Chief Judge waives your filing fee, the waiver is only good the same day as it is signed. You must file your motion the same day. Instructions on the different options to obtain a Fee Waiver may be found online at www.3rdcc.org/divisions/family-domestic/emergency-and-non-emergency-filings.

INSTRUCTIONS:

1. Fill out Praecipe, Motion, and Financial Information Form. **USE BLACK OR BLUE INK ONLY**
2. Write your Case Number in the upper right corner of every page.
3. **Attach a complete copy of your most recent child support and parenting time orders to your forms.**
4. Leave the forms in numerical order. Make 3 sets of copies and all of your attachments before you bring them to Court to file them.
5. Bring all the original forms plus the 3 sets of copies to file.
6. Fill out the Financial Information Form (FD/FOC 4008). Keep this form separate from the other forms. You must turn this form in separately at CAYMC **Room 900A** when you file.
7. Always keep a copy of every paper you file with the Court and bring your copies with you to the hearing.
8. To get a Court date, you need to file the motion properly with the Court.

IF YOU ARE FILING ONLINE (RECOMMENDED):

1. The electronic filing system can be found at www.3rdcc.org/agency-resources. Click on Outside Agency Web Access under Applications Access to set up an account and to access the Domestic Case Filings System. Review User Guide for Domestic Case Electronic Filers under How to Tutorials for detailed instructions on how to access the system.
2. You will receive an email once your Motion has been accepted for filing.
3. Once you receive the email that your Motion has been accepted, you must submit a Friend of the Court ePraecipe at <https://www.3rdcc.org/efiling/epraecipe> to schedule your motion for hearing before the referee assigned to your case.
4. Once you have submitted the ePraecipe, you will receive a completed copy back with your hearing date on it. Please note that the final hearing date may be different from what was requested on the ePraecipe, due to Court availability.

IF YOU ARE FILING IN PERSON:

1. Take your original set of motion forms, your copies, your original Financial Information Form and your money to pay the filing fee with you to CAYMC.
2. Take your original set of motion forms, your copies, and your filing fees (or signed Order waiving filing fees) to the Wayne County Clerk in **Room 201 (CAYMC 2nd Floor)**.
3. Put case labels (stickers) in the upper right corner of all original documents and each of your copies. Case labels are free and available in **Room 201**.
4. Give the Clerk your original motion forms (NOT the Financial Information Form). If you have a Chief Judge Order waiving your filing fees, give it to the Clerk.

5. The Clerk will keep the original forms and have you pay at the Cashier counter.
6. The Clerk will give back to you the “Motion Praecipe” form with a red stamp on it. This proves that you filed the Motion with the Clerk’s office.
7. Take that stamped “Motion Praecipe” form, your original Financial Information form, and your copies to: the FOC Scheduling Office in **Room 900A (CAYMC 9th floor, down the hall from the Clerk’s Office)**.
8. At the window of **Room 900A**, an FOC representative will take all of your paperwork and give you a hearing date.
9. **Go to your hearing with all documents that prove the request in your motion.** If you do not show up, or if you show up late, your motion will be dismissed.

IF YOU ARE FILING BY MAIL:

1. Note: You cannot obtain a filing fee waiver by mail.
2. Write your Case Number in the upper right corner of every page.
3. Mail your original forms, 3 sets of copies and a money order or certified check for the filing fees to: **Wayne County Clerk, Room 201, Coleman A. Young Municipal Center, Detroit, MI 48226.**
4. Keep copies of everything you mail to the Court.
5. Include a Self-Addressed Stamped Envelope and a letter asking the County Clerk to mail you a receipt and a copy of your motion stamped “filed.”
6. You will receive your hearing date by mail.

QUESTIONS?

Call the Wayne County Friend of the Court at (844) 785-7593 or email CustomerService@3rdcc.org. Employees of the Friend of the Court or the Wayne County Circuit Court cannot give you legal advice or help prepare documents. General Court information can be found on the website: www.3rdcc.org

7.

Failure to complete all of the above steps may result in delay or dismissal of your motion.

The Court is required by law to use the Michigan Child Support Formula to set the child support amount, unless the Court finds that application of the formula would be unjust or inappropriate.

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	MOTION TO MODIFY SUPPORT ORDER	CASE NO. HON.
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Please print or type information

Plaintiff name, address, telephone no., and email address Attorney Name, Address, Telephone No. Bar No.	Defendant name, address, telephone no., and email address Attorney Name, Address, Telephone No., Bar No.
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_____ is incarcerated and a telephonic hearing is required. They are incarcerated at
Name

_____ and their inmate number is _____
Name of Facility MDOC or Other Number

This motion is being filed by _____ the current child support order is for \$ _____ per month.
Name

I HAVE ATTACHED A COPY OF THE SUPPORT AND PARENTING TIME ORDERS ARE ATTACHED.

I have _____ number of overnights per year with my child(ren).

My income before taxes is _____ per month. My source of income is _____
Employer/Other

I am requesting the child support be:

_____ increased

_____ reduced

_____ modified as follows: _____

The change in circumstances is:

_____ increase/decrease in income

_____ new parenting time/custody order

_____ Other: _____

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

Date

Signature of party filing motion

FINANCIAL INFORMATION FORM

I am submitting this Financial Information Form to be considered by the Court in connection with my motion to modify the child support obligation in my case. In the event the Court wishes to contact my employer, I authorize my employer to release my payroll information. I make application to the Wayne County Friend of the Court for continuing child support services under the provisions of the Child Support Enforcement Program as required under Title IV-D. I declare that the statements made in this form are true to the best of my information, knowledge and belief.

Date: _____ **Signature:** _____

CASE NUMBER: _____ **YOUR NAME:** _____

YOUR E-MAIL ADDRESS: _____

YOUR SOCIAL SECURITY NUMBER: _____

1) LIST CHILDREN COVERED BY THIS SUPPORT ORDER:

Name	Date of Birth	Address	Number of overnights per year with each child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) ARE YOU PRESENTLY MARRIED? _____

3) LIST ALL OTHER CHILDREN YOU HAVE:

Name	Date of Birth	Address	Indicate Biological/Adopted/Step
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4) LIST OTHER SUPPORT ORDERS YOU PAY ON:

Case Number	County	Current Support Order Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) COMPLETE THE FOLLOWING SOURCES OF INCOME YOU HAVE:

- a. Monthly Gross Wages (before deductions) _____ attach
most recent pay stub
- b. Occupation _____
- c. Name of Employer _____
- d. Address _____
- e. Phone Number _____

- f. Second Job Gross Wages (before deductions) _____ attach
most recent pay stub
- g. Name of Employer _____
- h. Address _____
- i. Phone Number _____

If you do not receive a pay stub for your earnings, you must submit a copy of the most recent Federal tax return, Federal 1099, W2's and verify under oath that this represents your actual income. The penalties for perjury may apply if you misrepresent your income.

6) OTHER SOURCE OF INCOME: Please state amount received and for what period (week/month/year)

- a) Unemployment \$ _____
- b) Sub Pay \$ _____
- c) Stock Dividends \$ _____
- d) Bonus & Profit Sharing \$ _____
- e) Rental Property \$ _____
- f) Social Security Disability \$ _____
Benefits
- g) Social Security Insurance \$ _____
(SSI) Benefits
- h) Veteran Benefits \$ _____

- i) Pension \$ _____
- j) Disability Income \$ _____
- k) Spousal Support \$ _____
- l) Other \$ _____

7) INDICATE WHETHER YOU PAY ANY MONTHLY INSURANCE PREMIUMS:

- MEDICAL PREMIUMS \$ _____
- DENTAL PREMIUMS \$ _____
- OPTICAL PREMIUMS \$ _____

Name of individuals covered by policy	age	relationship

8) DO YOU RECEIVE STATE OF FEDERAL GOVERNMENT ASSISTANCE (i.e. FIA/TANF Assistance)?

List Case Number _____ Cash Grant Amount _____

Medicaid: YES OR NO Food Stamps Amount _____

9) DO YOU HAVE CHILD CARE EXPENSES FOR CHILDREN OF THIS CASE:

Childs Name	Name of Provider	Weekly Cost

YOU MUST ATTACH VERIFICATION OF ALL SOURCES OF INCOME AND VERIFICATION OF CHILD CARE EXPENSES IF APPLICABLE. FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR MOTION