

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**MOTION FOR PAYMENT PLAN
PAGE 1 OF 2**

CASE NO.

Court address

Telephone no.

Plaintiff's name and address

Defendant's name and address

v

Attorney:

Attorney:

1. Friend of the court records show that, as of _____ :
Date
 - a. my current support is \$ _____ per month. My youngest child in the case will be or was 18 years of age on _____ .
Date
 - b. My total arrears are \$ _____. Attached is written proof from the friend of the court office.
 - c. I owe \$ _____ support arrears to _____ , the individual payee.
Name
 - d. I owe \$ _____ support arrears to the State of Michigan.
 - e. I owe \$ _____ for Medicaid/confinement reimbursement arrears.
 - f. I owe \$ _____ in statutory fees.
 - g. I owe \$ _____ to _____ .
Specify agency/person
2. It is in the best interests of the parties and the children that a payment plan be ordered in this case.
3. I understand that the individual payee must consent to entry of an order for payment plan. The payee's consent was not given under fear, coercion, or duress.
4. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.
5. I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.
6. I have gross income in the amount of \$ _____ per _____. I understand that I must provide adequate records to show proof of my income.
7. I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) Continue on page 2 and attach a separate sheet if more space is needed.

Description

Net Value

| | |
|----------|----------|
| a. _____ | \$ _____ |
| b. _____ | \$ _____ |
| c. _____ | \$ _____ |

(See page 2 for remainder of motion.)

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PAGE 2 OF 2**

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Defendant's name

7. continued. Attach a separate sheet if more space is needed.

| Description | Net Value |
|-------------|-----------|
| d. _____ | \$ _____ |
| e. _____ | \$ _____ |
| f. _____ | \$ _____ |
| g. _____ | \$ _____ |
| h. _____ | \$ _____ |
| i. _____ | \$ _____ |

8. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

9. I request:

- a. the court order a payment plan of \$ _____ per month for _____ months toward support arrears in this case.
- b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
- c. the court grant me such other and further relief as is just and appropriate.

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

Date

Signature

CERTIFICATE OF MAILING

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

Date

Signature