

INSTRUCTIONS FOR PETITION TO CHANGE SUPPORT ORDER

- Case Number:** Insert the case number indicated on your court order.
- Plaintiff and Defendant Name:** Insert both the names as they appear on your existing support order.
- Plaintiff and Defendant Address:** Insert the most current address for both parties.
- Item #1:** Identify who is ordered to pay support and the amount of the current support. Do not include payments on support arrearages.
- Item #2:** Briefly state the changed financial conditions in your case. Changed financial conditions are defined by law as increases or decreases in the resources available to either party from any source.
- Item #3:** Place an "X" in the box which indicates your request regarding the current support order.
- Party Signature and Filing Date:** Sign your name and date the form.

Upon completion, send all copies of this petition to:

**FRIEND OF THE COURT
P.O. Box 436012
Pontiac, Michigan 48343-6012**

A \$60.00 filing fee for this petition is required by law. **YOU MUST SEND A CHECK OR MONEY ORDER IN THE AMOUNT OF \$60.00 PAYABLE TO "CLERK OF THE COURT" WITH THIS PETITION.**

Upon receipt (receiving this petition and filing fee), the Friend of the Court office will file the formal petition and schedule a hearing date and time with the court. The Friend of the court will also send copies of the petition and notification of hearing date and time to all parties.

NOTE:

At the hearing, you or your attorney will be required to present evidence showing changed financial conditions to the court. The Friend of the Court office is not obligated to conduct a support investigation or make a recommendation unless ordered to by the court. The Friend of the Court does not represent either party at this hearing. Based on the evidence presented, the court will determine whether the support order should be changed.

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY	PETITION TO CHANGE SUPPORT ORDER	CASE NO.
--	---	-----------------

Court address
230 Elizabeth Lake Road, Pontiac MI 48341-0424

Court telephone no.
(248) 858-0424

Complete all items above the bold line. Print or type information.

Plaintiff's Name, Address and Social Security No.

I, _____ state:
Name of party filing petition

1. In this matter the plaintiff defendant is currently ordered to pay support in the amount of \$ _____ per _____.

2. Circumstances and/or financial conditions have changed as follows:

V

Defendant's Name, Address and Social Security No.

I THEREFORE REQUEST:

3. The support order be increased decreased in an amount the court finds fair and equitable.

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

Date

Signature of party filing petition

DO NOT WRITE BELOW THIS LINE.

This section to be completed by Friend of the Court staff.

NOTICE OF HEARING

A hearing will be held on the above petition on _____ at _____ .m. at the above court address.

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this petition and notice of hearing to the parties by ordinary mail to the above stated addresses.

Date

Signature of party filing petition