

ST. JOSEPH COUNTY FRIEND OF THE COURT

Address: 920 W Michigan Ave, Three Rivers, MI 49093

Phone: (269) 467-5570

Fax: (269) 467-5579

REQUEST FOR CONSENT ORDER TO CHANGE
CUSTODY, PARENTING TIME, CHILD SUPPORT, OR CHILD CARE

NOTE: The Friend of the Court reserves the right to reject this agreement, if necessary. If an attorney represents either party, the attorney **must** prepare any Consent Order. **Both parties must review this form before submitting.**

Court Order Number: _____

Plaintiff's Name, DOB, SS#, Address, Phone #.

Defendant's Name, DOB, SS#, Address, Phone #.

Minor child(ren):

Full Name: _____

DOB: _____

SSN: _____

Full Name: _____

DOB: _____

SSN: _____

Full Name: _____

DOB: _____

SSN: _____

THIS BOX MUST BE COMPLETED OR THE ORDER WILL NOT BE DRAFTED

Are you receiving any of the following forms of public assistance: (check all boxes that apply).

() Cash assistance () Child care assistance () Medicaid () Food stamps () None

IF THE CUSTODIAL PARENT IS RECEIVING ANY FORM OF PUBLIC ASSISTANCE, THEN THE PARTIES CANNOT USE THIS FORM TO CHANGE CHILD SUPPORT

CHECK ONLY THE PROVISIONS TO BE CHANGED:

CUSTODY:

Joint legal custody: ____ Yes ____ No

Physical custody: ____ Mom ____ Dad ____ Joint

PARENTING TIME:

____ Per the St. Joseph County Parenting Policy

____ Other: _____

CHILD SUPPORT AND CHILD CARE:

Do you want the Friend of the Court to determine the Child Support an/or Child Care amount? ____ YES ____ NO

The new child support amount: \$ _____ per month per child for _____ child(ren) for a total of \$ _____

of overnights with Plaintiff _____; # of overnights with Defendant _____

When will this new amount begin? _____ (Must be the 1st day of any given month)

Do you wish to forgive arrears? Child Support Arrears ____ YES ____ NO In the amount of \$ _____ or thru the end of the month of _____.

If you are agreeing on an amount other than what the Michigan Child Support Formula states, you must state the reason why: _____

PLAINTIFF'S EMPLOYER: _____
(name, address and telephone)

DEFENDANT'S EMPLOYER: _____
(name, address and telephone)

MEDICAL INSURANCE:

Who is responsible for health care insurance? ___DAD ___MOM ___BOTH

What percentage of uninsured health care expenses will be paid by DAD___% MOM___%

DOMICILE : Change child's domicile to State of:_____

Who will provide transportation after domicile change:_____

I HEREBY DECLARE THE ABOVE TO BE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE:_____

PLAINTIFF'S SIGNATURE:_____

DATE:_____

DEFENDANT'S SIGNATURE:_____

INSTRUCTIONS FOR COMPLETING A REQUEST FOR CONSENT ORDER TO CHANGE
CUSTODY, PARENTING TIME, CHILD SUPPORT OR CHILD CARE

**IF THE PARTY HAVING CUSTODY OF THE CHILD(REN) IS ON PUBLIC/STATE ASSISTANCE,
(FIP,FOOD STAMPS, MEDICAID) YOU MAY NOT CHANGE SUPPORT**

THIS FORM IS TO ASK THE FRIEND OF THE COURT (FOC) TO PREPARE AN ORDER TO CHANGE A CURRENT
ORDER. **Please complete all sections that apply.**

GENERAL INFORMATION: This information is necessary to complete the consent order. It must be provided.

CHILD SUPPORT: If the parent having custody of the child(ren) **is not** receiving any form of public assistance, the parties may agree upon the amount of support with the understanding that the child(ren) is/are entitled to the amount recommended by the Michigan Child Support Formula and that the parent having custody is able to meet the needs of the child(ren) with the agreed upon amount. **If you wish to stop child support you must contact the FOC to make sure you can consent to this or if you have to petition.** If this section is left blank, the FOC will insert the amount pursuant to the last order of support. If you are deviating from the Formula, you must state the reason why.

NOTICE

**AFTER THIS FORM IS SUBMITTED, THE FOC WILL PREPARE THE ACTUAL ORDER,
WHICH MUST ALSO BE SIGNED BY BOTH PARTIES. ONE PARTY MUST CONTACT
THE FOC TO SCHEDULE A TIME WHEN BOTH PARTIES CAN APPEAR AT THE FOC
OFFICE TO READ AND SIGN THE ORDER.**

FOR QUESTIONS AND TO SCHEDULE THE APPOINTMENT CALL 269-467-5570