

Approved, SCAO

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>RESPONSE TO MOTION REGARDING SUPPORT</b>	<b>(A) CASE NO.</b>
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Court address

Court telephone no.

**(B)** Plaintiff's name, address, and telephone no.  moving party

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Third party name, address, and telephone no.  moving party

Defendant's name, address, and telephone no.  moving party

v

**(C)** 1.  a. On \_\_\_\_\_ a judgment  
Date  
or order was entered regarding support.  
 b. There is currently no order regarding support.

**(D)**  2. The  plaintiff  defendant is ordered to pay support of \$ \_\_\_\_\_ each month.

**(E)**  3. The  plaintiff  defendant is ordered to pay child care of \$ \_\_\_\_\_ each month.

**(F)**  4. The  plaintiff  defendant is ordered to pay health care of \$ \_\_\_\_\_ each month.

**(G)**  5. I  agree  do not agree that conditions regarding support have changed as stated in the motion.

Explain in detail what you do not agree with and why. Include all necessary facts. Use a separate sheet of paper if needed.

**(H)**  6. I agreed with the other party to start/change support

- a. exactly as stated in the motion.
- b. but not as stated in the motion.

If b is checked, explain in detail what you did agree on. Include all necessary facts. Use a separate sheet of paper if needed.

**(I)** 7.  a. I agree with what is being asked for in the motion.  
 b. I do not agree with what is being asked for in the motion and ask the court to order that support be paid as follows:  
If you do not agree with the request in the motion, explain in detail why and what you want the court to order. Use a separate sheet of paper if needed.

**(J)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature

**CERTIFICATE OF MAILING**

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

**(K)** \_\_\_\_\_  
Date

\_\_\_\_\_  
Responding party's signature