Approved, SCAO

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STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

RESPONSE TO MOTION REGARDING SUPPORT

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CASE NO.

	COUNTY	MOTION REGA	RDING SUPPORT	
Coi	urt address			Court telephone no.
B	Plaintiff's name, address, and telephone no.	moving party	Defendant's name, addre	ess, and telephone no moving party
	Third party name, address, and telephone n	o.		was entered regarding support. s currently no order regarding support.
D	☐ 2. The ☐ plaintiff ☐ defendant		•	week, month, etc.
E	☐ 3. The ☐ plaintiff ☐ defendant	is ordered to pay chi	ld care of \$	each week, month, etc.
F	☐ 4. The ☐ plaintiff ☐ defendant			
G	☐ 5. I ☐ agree ☐ do not agre Explain in detail what you do not agre			anged as stated in the motion.
H	☐ 6. I agreed with the other party to ☐ a. exactly as stated in the n ☐ b. but not as stated in the m If b is checked, explain in detail what	notion. notion.	necessary facts. Use a separate	e sheet of paper if needed.
Ī		being asked for in the m		o order that support be paid as follows: o order. Use a separate sheet of paper if needed.
J	Date	CERTIFICAT	Responding party's signature	9
K	I certifiy that on this date I served a their last-known addresses as defin	copy of this response of		rneys by first-class mail addressed to
٠	Date		Responding party's signature	