

REQUEST FOR CONSENT ORDER WITHOUT A HEARING

- * To have a consent order drafted, both parties must appear in person at the Friend of the Court (FOC) office. Please call Jamie Pierce at 989-673-4848 x3215 and set up an appointment. Every effort will be made to accommodate work schedules.
- * If you can not appear in person, you may call Jamie Pierce at 989-673-4848 x3215 and make other arrangements.

(Order entry fee pursuant to MCL 600.2529(1)(d) is required prior to drafting the order.) Personal Checks and/or Money Orders must be payable to the: TUSCOLA COUNTY TREASURER.

ORDER ENTRY FEE

\$80.00 Custody, Parenting Time or Change of Domicile
(Support & Medical can be included)

\$40.00 Support & Medical Only

* WHAT TO EXPECT ONCE YOU APPEAR IN PERSON AT THE FRIEND OF THE COURT OFFICE:

1. You will meet with the Jamie Pierce who will discuss the terms of the order with you and then draft up an order while you wait. (**Order entry fee pursuant to MCL 600.2529(1)(d) is required prior to drafting the order.**) **Personal Checks and/or Money Orders must be payable to the: Tuscola County Treasurer.**
2. Both parties will review and then sign the order in agreement.
3. This order will then be submitted to the court for entry.
4. A true copy signed by the judge will be sent to each of you. If needed, your account will be adjusted.

* IF YOU CAN NOT APPEAR IN PERSON:

1. After you have received the Request for Consent order form, you must fill out only the portions you wish to change in the order and both parties must sign the last page.
2. Once the FOC office has received your request and fee payment, both parties will be contacted to verify the information. Personal Checks and/or Money Orders must be payable to the: **Tuscola County Treasurer.**
3. After verification, an order will be drafted. The FOC will mail this order to the party who submitted the request. The requesting party must ensure both signatures are on the order and submit **all original pages** back to the FOC for entry with the court. (Address on top of request)
4. A true copy signed by the judge will be sent to each of you. If needed, your account will be adjusted.

INSTRUCTIONS FOR REQUEST OF CONSENT ORDER

THIS FORM IS TO ASK THE FRIEND OF THE COURT (FOC) TO PREPARE AN ORDER TO CHANGE A CURRENT ORDER. YOU NEED ONLY FILL IN THE SECTIONS YOU WANT IN THE NEW ORDER.

IF THE PARTY HAVING CUSTODY OF THE CHILD(REN) IS ON PUBLIC/STATE ASSISTANCE, (FIP, Food Stamps, Medicaid, Etc.) YOU MAY ONLY CHANGE PARENTING TIME AND/OR DOMICILE

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

CUSTODY: To change custody of one or more children, state the name, birth date, and social security number of each child this agreement will affect. State the date this change will occur and which party (mom, dad or third party) will be receiving custody.

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.

ARREARS: The only past due support that can be waived are those due and owing directly to a Custodial Parent and/or a Third Party. Any and all arrears due and owing the State of Michigan and Tuscola County SHALL BE preserved.

CHILD CARE: If the parent who has custody of the child(ren) **is not** receiving any form of public assistance and is currently paying for child care, the parties may agree to an amount of child care for the non custodial parent to pay. The parties may also ask the FOC to conduct an investigation and recommendation pursuant to the Michigan Formula to determine a child care amount.

MEDICAL INSURANCE: Who will be responsible for providing the insurance of the minor child(ren)? If neither party is listed, the order will state both parties are responsible.

Medical Insurance Premium: If the party carrying insurance on the minor child(ren) has a medical premium cost, the parties may agree to have the other party pay part or all of the medical premium amount. Please provide the exact amount to be paid.

PARENTING TIME: Parenting time shall occur pursuant to the Tuscola County Friend of the Court Guidelines or as mutually agreeable between the parties, unless some other specific schedule is outlined.

COURT COSTS: Who will pay for preparation of the order? **Personal Checks and/or Money Orders must be payable to the: Tuscola County Treasurer.**

**REQUEST FOR CONSENT ORDER TO CHANGE
 CUSTODY, PARENTING TIME, MEDICAL INSURANCE AND/OR CHILD SUPPORT**

NOTE: The Friend of the Court reserves the right to reject this agreement, if necessary. If an attorney represents either party, the attorney **must** review this form and sign it before an order will be drafted. **Both parties must review this form before submitting.**

Court Order Number: _____

Plaintiff's Full Name, DOB, Address, Telephone No.

Defendant's Full Name, DOB, Address, Telephone No.

Minor child(ren):

Full Name: _____

DOB: _____

Full Name: _____

DOB: _____

Full Name: _____

DOB: _____

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).

() grant monies/ADC () child care assistance () medical assistance () not receiving any

CUSTODY:

Date of Change: _____ **JOINT LEGAL CUSTODY** (Both parties share major decisions) ___YES ___NO
 Physical Custody change from ___DAD ___MOM to ___DAD ___MOM

CHILD SUPPORT AND CHILD CARE:

AGAIN, IF THE CUSTODIAL/DOMICILE PARENT IS RECEIVING ANY FORM OF PUBLIC ASSISTANCE, THEN THE PARTIES CANNOT STIPULATE TO CHILD SUPPORT OR CHILD CARE.

Do you want the Friend of the Court to determine the Child Support and/or Child Care amount? ___YES ___NO

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

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

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

When will this new amount begin? _____

Is the Custodial Parent waiving the arrears owing directly to him/her?

Child Support ___YES ___NO
 Child Care ___YES ___NO
 Ordinary Medical ___YES ___NO

CCONSENT

