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Circuit Court Referee

8th Judicial Circuit Court Ionia County Friend of the Court

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FRIEND OF THE COURT POLICY REGARDING AGREEMENTS BETWEEN PARTIES TO MODIFY ORDER RE: ARREARAGES / HEALTHCARE INSURANCE COVERAGE

As a service to our clients, this Office will assist you in making an agreement that you may reach with the other parent of your child/ren regarding arrearages and/or health care coverage, an Order of the Court. This Order is legally binding.

In order to do this, we ask that you please indicate the modification agreed upon by each parent and/or third party where applicable - initialing on the designated line. Please do so **IN PEN** in a neat manner, as this agreement will become the Order upon the Judge's signature. **Each parent and third party (where applicable) must sign and date the paper.**

If your agreement is acceptable to this Office and the Court, the Judge will sign it and this will make your agreement an Order of the Court. This means that the Judge will sign the agreement and order without having a hearing on it. However, if you get the Order, and feel that it does not reflect your agreement, you may object to the Order and request, within 7 days, a hearing before the Referee on the matter. Notice of your right to object will be located at the bottom of the Order form. Objection forms are available at the Office window.

There are some general requirements that we ask that you keep in mind regarding the Support Order:

1. If the minor child/ren is/are receiving public assistance, a parent may not, according to Michigan Law, agree to crediting any arrearages owed to the state of Michigan. They may credit arrearages that are due and owing to them. Please remember to indicate in your agreement the date you would like the Order to begin. If you fail to include this date, we will generally make the effective date the beginning of the previous or proceeding month.
2. **You must complete the attached Court Ordered Form, as this will become the Order of the Court. If you attach a signed agreement, other than this Court Ordered Form, this will not be processed and will be returned. You must use and complete the Court Ordered Form.**

As always, if you have difficulty understanding any of the above, please feel free to ask a Friend of the Court representative for assistance.

(AGRMNT-HCARE&ARREARAGES-12/2008)

PLAINTIFF

VS. _____
DEFENDANT

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Work Telephone No. _____

Work Telephone No. _____

Home Telephone No. _____

Home Telephone No. _____

Work Hours _____

Work Hours _____

The parties having reached an agreement and ask the following provision(s) to be adopted by the Court:

____ / ____ Father/Mother's (please circle) **entire** child support arrearages shall be forgiven, any arrearages owed to the State of Michigan shall be preserved.

____ / ____ Father/Mother's (please circle) child support arrearages shall be forgiven in the amount of \$ _____.

____ / ____ Father / Mother / Third Party (please circle) shall provide health insurance for the minor children. If insurance is provided by a Third Party and becomes unavailable, then this provision will revert to the original order where the party named shall be responsible to carry the health insurance on the minor children at a cost not to exceed 5% of their gross income.

➤ Please provide a copy of Insurance card and the following information (must be filled out completely):
Name of Person & Social Security Number (mother/ father/ third party) providing the insurance: _____

Name & Address of Insurance Company: _____

Type of Insurance & who is covered by this insurance (medical/dental/vision, etc.): _____

Group number: _____ Policy number: _____

These agreements shall take effect _____. If not filled in these changes will take effect the first of the month following the date this is signed by the Court.

Plaintiff's Signature/Date

Defendant's Signature/Date

Third Party Signature / Date

IT IS SO ORDERED:

Hon. David A. Hoort / Hon. Suzanne Kreeger, Circuit Judges

Reviewed/ approved by FOC / Date

Date: _____

NOTICE OF SUBMISSION OF ORDER: PLEASE TAKE NOTICE that the attached Order, the original of which has this date been filed with the Clerk of the Court, pursuant to MCR 2.602, the Order will become binding within 7 days unless a written objection is filed by either party on or before said date. Any objection must be filed with the Clerk's Office, and copies must be served upon the Friend of the Court Office, and the other party along with the certificate of service. Objection forms are available at the Friend of the Court Office