Muskegon County 14th Circuit Court- Family Division

Agreement and Request for Order regarding CHILD SUPPORT

COURT CASE/DOCKET #: _____

Do you or your child(ren) receive _____ Cash assistance or _____ Medicaid

What is the monthly child support amount that you both have agreed to? $_____

Please explain ***why*** you and the other party agree to a child support amount different from the Michigan Child Support Formula (for example, if you are living together). **NOTE**: Your answer CANNOT be that you and the other party simply agree on a different child support amount, as that is not an acceptable legal reason.

_____

_____

_____

If you are waiving any arrears owed to the other parent, how much are you waiving? $_____

Who is to provide insurance coverage for child(ren)? ***(circle one)*** Mother / Father / Medicaid

Name of each child:	**# of overnights with Mother:**	**# of overnights with Father:**

MOTHER'S Information:

Name: _____

Address: _____

Cell phone: _____Work Phone: _____ Email: _____

Not including the child(ren) listed above, how many other children do you have under age 18? _____

Financial Information:

Employer: _____

Hourly rate of pay: $_____ Hours work per week: #_____ or Salary per year: $_____

How many people do you claim on taxes: #_____

How do you file your taxes? _____ Single _____ Head of Household _____ Married

Child Care/Day Care:
Do you pay for daycare for any of the children listed above? _____
What is the cost per week: $_____ For which child(ren): _____

Medical, Vision, and/or Dental Insurance:
Cost of health insurance: $_____ per _____
How many children under 18 covered by this insurance: #_____ Adults: #_____

FATHER'S Information:
Name: _____
Address: _____
Cell phone: _____Work Phone: _____ Email: _____
Not including child(ren) listed above, how many other children do you have under age 18? _____

Financial Information:
Employer: _____
Hourly rate of pay: $_____ Hours work per week: #_____ or Salary per year: $_____
How many people do you claim on taxes: #_____
How do you file your taxes? _____ Single _____ Head of Household _____ Married

Child Care/Day Care:
Do you pay for daycare for any of the children listed above? _____
What is the cost per week: $_____ For which child(ren): _____

Medical, Vision, and/or Dental Insurance:
Cost of health insurance: $_____ per _____
How many children under 18 covered by this insurance: #_____ Adults: #_____

Date signed: _____ Date signed: _____

_____ _____
Mother's Signature **Father's Signature**

**This form must be completely filled out for the request to be processed.
Please submit form to the **Friend of the Court by any of the following methods:

1. Email to imaging@muskegoncounty.net (scanned in pdf format – no photos)
2. 3rd floor window at the Hall of Justice (990 Terrace Street, Muskegon)
3. Family Court Drop box outside the Hall of Justice (located in the turnaround)
4. Mail to Friend of the Court at 990 Terrace St, Suite 300, Muskegon MI 49442
5. Fax to (231) 724-1108