

Approved, SCAO

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**NOTICE OF CHILD SUPPORT REVIEW**

**CASE NO.**

Friend of the court address

Telephone no.

Plaintiff's name, address, and telephone no.

Plaintiff attorney name:

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**v**

Defendant's name, address, and telephone no.

Defendant attorney name:

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- 1. Your request for a review is denied. The last review conducted at your request was completed less than 36 months ago.
- 2. The friend of the court is reviewing your orders for child support and health care. Please provide the information stated below to the friend of the court by \_\_\_\_\_ .
  - A completed case questionnaire (copy of blank questionnaire enclosed).
  - Your most recent tax returns (include all W-2s and schedules). If you are self-employed, enclose tax returns and schedules for the last three years.
  - Your last four pay stubs from each employer.
  - Other: \_\_\_\_\_
- 3. A review of your child-support/health-care order has been completed. (Proposed changes attached.) **It is recommended**
  - a. your child-support order should be  increased.  decreased.  b. your health-care order should be modified.
    - A hearing has been scheduled on this recommendation. **Notice of the time and place of the hearing is in the attached motion for modification.** You must attend this hearing to state your objections.
    - A hearing on this recommendation will be scheduled at a later date. You will be notified of the time and place of the hearing. You must attend this hearing to state your objections.
  - c. that no change in the child-support/health-care order should occur. A hearing will not be scheduled unless you object in writing to the friend of the court office within 30 days after the date of this notice. You can write your objection on a form available from the friend of the court. Upon receiving your written objection, the friend of the court will schedule a hearing and will notify you of the time and place of the hearing. You must attend the hearing.
- 4. You have not responded to a previous notice requesting information. Additional court action may be taken against you.
- 5. You may be represented by an attorney at a hearing. Upon your request, the friend of the court office will make available to you copies of supporting documents, which were prepared or used by the office in making its recommendation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Friend of the court

**CERTIFICATE OF MAILING**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature