

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**MOTION AND ORDER TO SHOW CAUSE  
FOR CONTEMPT (SUPPORT)**

**CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Attorney:

**v**

Defendant's name, address, and telephone no.

Attorney:

**MOTION**

1. \_\_\_\_\_  
Name of payer  
was ordered to pay support.
2. The office of the friend of the court has reviewed the records and determined that the past-due support amount on \_\_\_\_\_ is  
Date  
\$ \_\_\_\_\_, which exceeds the statutory amount allowed.
3. **I request** the court issue an order to show cause why the payer named above should not be found in contempt for failure to comply with the court's order.

**USE NOTE:** This form is for use by the friend of the court. Parties should use form MC 230.

\_\_\_\_\_ Date

\_\_\_\_\_ Friend of the court/Authorized representative

**ORDER**

**IT IS ORDERED:**

4. \_\_\_\_\_ shall appear on \_\_\_\_\_  
Name of payer Date  
at \_\_\_\_\_ at \_\_\_\_\_  
Time Location

to show cause why he/she should not be held in contempt for failure to comply with the court's order. If the named party fails to appear, he/she may be found in contempt and a bench warrant may be issued for his/her arrest. If contempt is found, the court may apply any enforcement remedy allowed under law.

5. This matter will be heard before a referee; however, this matter may be taken before the judge for immediate hearing if necessary.

\_\_\_\_\_ Date

\_\_\_\_\_ Judge

\_\_\_\_\_ Bar no.

**NOTE:** Your driver's, occupational, and recreational licenses may be suspended at this hearing if you fail to appear or to pay the arrearage in full.

**NOTICE REGARDING HEARING:**

Each party attending the hearing must dress in a manner appropriate for a court hearing and must not carry any weapons into the courthouse or office of the friend of the court.

- Do not bring any child to court who will not be called to testify.
- Complete the attached forms that apply, following the instructions provided.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**CERTIFICATE OF MAILING**

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature