

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF REGISTRATION OF OUT-OF-STATE SUPPORT ORDER (UIFSA)	CASE NO. and JUDGE
---	--	--------------------

Court address

Court telephone no.

TO: Respondent's name, address, and telephone no.
(nonregistering party)

Petitioner's name

v

Respondent's name

1. Date of registration: _____

2. Date of notice: _____

3. An order for payment of support, income withholding to pay child support, issued by a court in

_____ has previously been registered with the county clerk of this
County and state
county for enforcement. modification.

4. Arrearage as of _____ : \$ _____
Date

5. A copy of the registered support order and other related documents are attached to this notice.
6. The attached order is an ORDER OF THIS COURT, immediately enforceable in this state as if the order was issued in this state. Payments shall be made through the Michigan State Disbursement Unit.
7. The payer of support must pay all fees as required by Michigan law.
8. If you wish to contest the validity or enforcement of this registered order, you must request a hearing within 20 days from the date this notice was mailed or personally served on you (see proof of service on the last page) by completing the request for hearing on the bottom of this notice and returning it to the court address above. Failing to request a hearing will result in automatic confirmation of the registered order and amounts owed, and precludes you from contesting any matter that you could have asserted at registration.
9. If you request a hearing, you will be notified of the date, time, and location of the hearing, by first-class mail sent to the address you provide.
10. At the hearing to contest the validity or enforcement of this registered order, you may present only matters available as a defense in an action to enforce a foreign money judgment.

Check this box to request a hearing. Complete the request and return it to the court at the address provided on the top of page 1.

REQUEST FOR HEARING

I request a hearing on the matter of the registration of a support order for the following reason(s). (Check all that apply.)

- The registering state does not issuing state did not have personal jurisdiction over me.
- The order was obtained by fraud.
- The order has been vacated, suspended, or modified by later order.
- The issuing state has stayed its order pending appeal.
- The arrearage amount stated is wrong because I have made full or partial payment.
- The statute of limitations precludes enforcement of some or all arrearages.
- The following defense is available under the laws of this state to the remedy sought to enforce the registered order:

Other: (Explain.) _____

My address, if different from above, is _____.

Date

Signature

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the copies of the notice of registration of out-of-state support order and all attachments and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

<input type="checkbox"/> I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party (MCR 2.104[A][2]). (notarization not required)	<input type="checkbox"/> I am a legally competent adult who is not a party or an officer of a corporate party. (notarization required)
--	--

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

- I served personally by registered or certified mail (copy of return receipt attached) by first-class mail a copy of the notice of registration of the out-of-state support order, and the attachments listed below on:
- I have attempted to serve the notice of registration of the out-of-state support order, together with the attachments listed below, and have been unable to complete service on:

Name	Date and time of service
Place or address of service	
Attachments (if any)	

I declare under the penalties of perjury that this notice has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee \$	Miles traveled	Fee \$		Signature
Incorrect address fee \$	Miles traveled	Fee \$	TOTAL FEE \$	Name (type or print)
				Title (if applicable)

Subscribed and sworn to before me on _____
 Date

 Deputy clerk/Notary public signature

My commission expires on _____
 Name (type or print)

Notary public, State of Michigan, County of _____ . Acting in the County of _____ .
 This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the notice of registration of the out-of-state support order, together with

Attachments _____ on _____
 Date and time

on behalf of _____
 Signature