

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>UNIFORM SPOUSAL SUPPORT ORDER (PAGE 1)</b> <input type="checkbox"/> EX PARTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MODIFICATION <input type="checkbox"/> FINAL	<b>CASE NO.</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

Plaintiff's name, address, and telephone no.
Plaintiff's attorney name, bar no., address, and telephone no.
Plaintiff's source of income name, address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney name, bar no., address, and telephone no.
Defendant's source of income name, address, and telephone no.

This order is entered  after hearing.  on stipulation/consent of the parties.

**IT IS ORDERED, UNLESS OTHERWISE ORDERED IN ITEM 10:**  Standard provisions have been modified (see item 10).

1. **Spousal Support.** Spousal support shall be paid monthly through the Michigan State Disbursement Unit as follows:

Payer:	Payee:	Amount: \$	Effective date:
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2. Income withholding takes immediate effect for those items payable through the Michigan State Disbursement Unit.

3. This order continues until the death of the payee or until the earliest of the following events:

- Date: \_\_\_\_\_  \$ \_\_\_\_\_ is paid.
- Remarriage of the payee.  Death of the payer.
- Other (specify all other events): \_\_\_\_\_

4. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

5. Payments that must be paid directly to the third party (not to the payee) are listed below. (Payments to be made directly to a third party are not payable through the Michigan State Disbursement Unit or friend of the court.)

Type	Amount Per Month	Start Date	Pay to	End Date
	\$			
	\$			
	\$			
	\$			

(See page 2 for the remainder of the order.)

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**UNIFORM SPOUSAL SUPPORT ORDER  
(PAGE 2)**

**CASE NO.**

EX PARTE  TEMPORARY  MODIFICATION  FINAL

Court address

Court telephone no.

Plaintiff's name

v

Defendant's name

- 6. **Retroactive Modification, Surcharge for Past-Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and is not retroactively modifiable. A surcharge may be added to past-due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.
- 7. **Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing of: a) their mailing and residential addresses and telephone numbers; b) the names, addresses, and telephone numbers of their sources of income; c) their health-maintenance or insurance companies, insurance coverage, persons insured, or contract numbers; d) their occupational or drivers' licenses; and e) their social security numbers unless exempt by law pursuant to MCL 552.603. Both parties shall notify the friend of the court in writing within 21 days of any change in this information. Failure to do so may result in a fee being imposed.
- 8. **Fees.** The payer of support shall pay statutory and service fees as required by law.
- 9. **Prior Orders. This order supersedes all prior spousal support orders.** Past-due amounts owed under any prior support order are preserved.
- 10. **Other: (Attach separate sheets as needed.)**

\_\_\_\_\_  
Plaintiff (if consent/stipulation) Date

\_\_\_\_\_  
Defendant (if consent/stipulation) Date

\_\_\_\_\_  
Plaintiff's attorney Date

\_\_\_\_\_  
Defendant's attorney Date

\_\_\_\_\_  
Date

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

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this 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

**COURT USE ONLY**