

INSTRUCTIONS FOR MOTION TO CHANGE MEDICAL SUPPORT

FORM A

PLEASE COMPLETE THE FOLLOWING IN BLACK OR BLUE INK ONLY:

1. The case number, including the letter designation at the end.
2. Plaintiff's name address and telephone number (the party who filed the original divorce complaint or paternity complaint – not necessarily the party filing the motion).
3. Defendant's name, address and telephone number.
4. The Judge assigned to this case (you **MUST** know the correct **JUDGE** assigned to your case). You may check with the Friend of the Court or the County Clerk's office for this as it does change from time to time.
5. Your name (the party requesting the change in medical support).
6. Check either Plaintiff, Defendant or Both Parties for who is currently ordered to carry medical insurance.
7. The reason why a change in medical support is needed. Examples are to set primary insurance, change percentages each party is to pay for unreimbursed medical expenses, require a party to carry medical insurance, recover all or part of birthing expenses you paid that is not owed to the State of Michigan, etc. **DO NOT LEAVE THIS BLANK.**
8. Check any request box you believe needs changed in your order. Only boxes marked will be discussed at the Court hearing. **DO NOT LEAVE THIS BLANK.** Fill in all blank lines for the boxes you checked. For example, if you checked box #4, you must fill in the percentages to show how you believe the order should be changed and the reason why this change is needed. Please note that the date of the DMP is the date the demand was signed, not the date it was mailed (certificate of Mailing) or the date received at the Friend of the Court.
9. List any other court ordered provisions that pertain to medical support that you wish to review. Examples: Crediting medical arrears to child support overpayment, COBRA payments, etc.
10. The date you completed the form and signed the motion.
11. Your signature attesting that all of the information is true.

**YOU WILL NEED A \$20.00 MONEY ORDER MADE PAYABLE TO THE
MONROE COUNTY CLERK FOR A FILING FEE
NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED**

HEARING DATE

The notice of hearing and certificate of mailing will be completed by the Friend of the Court Scheduling Clerk. The following items must be submitted to the Scheduling Clerk to obtain a hearing date:

1. Completed Form A, the Motion to Change Medical Support.
2. A \$20.00 money order made payable to the Monroe County Clerk. No cash or personal checks will be accepted.

Send or deliver these items to the Monroe County Clerk

The first available date will be assigned and a copy mailed to you at the address submitted on Form A.

GETTING READY FOR COURT

- You are representing yourself in a Court of Law. You are to conduct yourself and follow the same general rules and laws as an attorney would.
- Make a written list of information which you feel is important for the Judge or Referee to know – this list may remind you to bring up the points you feel are important.
- Gather any papers and witnesses that you think will support your position and bring them to the hearing.
- If you feel the need to order someone to attend this hearing, follow the procedure in Michigan Court Rules (MCR) 2.506 or consult a private attorney.
- The Judge, Referee and the Friend of the Court cannot provide you with legal advice. You must consult with a private attorney to obtain legal advice.