

## How to Submit a Request for a Support Review to the FOC

To submit a Request for a Support Review to the FOC, please fill out the attached form.

### Submit Online

#### Computer/Laptop

1. Fill out the form below in a pdf viewer, such as Adobe Reader ([available for free here](#))
2. After you have filled out the form and signed it with your electronic signature, save the form and then go to the [FOC Form Submissions Page](#).
3. Fill in your name, email address, phone number, and case number on the Form Submission page. Attach your completed form at the bottom of the page by clicking the "Choose File" button. NOTE: There is a file size limit of 2MB, and only PDF, JPG, and PNG files are accepted.

#### Smart Phone

1. Install the [Adobe Acrobat Reader App](#) on your phone, for free.
2. Open the form, using the Adobe Acrobat Reader App. You can then fill in, sign and save the form on your phone.
3. After you have completed the form, save and then go to the [FOC Form Submissions Page](#).
4. Fill in your name, email address, phone number, and case number on the form submission page. Attach your completed form at the bottom of the page. NOTE: There is a file size limit of 2MB, and only PDF, JPG, and PNG files are accepted.

### Submit by Mail

You can fill out the form, print it, sign it and mail it to our office:

**Kent County Friend of the Court  
82 Ionia NW, STE 200  
Grand Rapids, MI 49503**

### Submit Through MiChildSupport

You can also submit this form through your MiChildSupport case using the 2-way communicator. Visit: [www.michigan.gov/michildsupport](http://www.michigan.gov/michildsupport).

### Submit Through Drop Box at 82 Ionia

You can fill out the form, print it, sign it and drop it off in the drop box on the **first floor of 82 Ionia Ave NW, Grand Rapids, 49503**. The drop box is located just past the security checkpoint.

# REQUEST FOR SUPPORT REVIEW

YOUR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FIRST LAST

YOUR ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

CASE/DOCKET #: \_\_\_\_\_ OTHER PARTY'S NAME: \_\_\_\_\_

YOUR GROSS INCOME: \$ \_\_\_\_\_ /week \$ \_\_\_\_\_ /month \$ \_\_\_\_\_ /year

Please first consider the following:

- Do you need an adjustment in your withholding order on your pay check rather than a review of the child support order? If so, contact your case manager.
- A support review can result in a recommendation for an *increase, decrease, or no change* to the current support obligation. A program used for calculating child support recommendations is available at: <https://micase.state.mi.us/portalapp/public/login.html?execution=e1s1>. Please note the results you calculate may differ from our recommendations.
- If you request the review and fail to return the requested information within 14 days, your review *may be terminated*.

IT HAS BEEN MORE THAN THREE YEARS SINCE MY LAST REVIEW/MODIFICATION  
**AND** MY CASE HAS A CURRENT SUPPORT CHARGE (NOT ARREARS ONLY).

If the above box ↑ is checked, then you do not need to complete the remainder of the form.

If you are unsure of the date of your last review then you must complete the below box. ↓

IT HAS BEEN LESS THAN THREE YEARS SINCE MY LAST REVIEW  
AND MY CIRCUMSTANCES HAVE **SIGNIFICANTLY** CHANGED.

**AND**

I HAVE ATTACHED EVIDENCE OF THE SIGNIFICANT CHANGE.

**Please note if you have not attached evidence of the significant change and Friend of the Court is unable to verify a significant change, your request may not be processed.**

➤ *What is the significant change in circumstance since your last order?*

A significant increase/decrease in income such as job loss or large change in pay  
Explain: \_\_\_\_\_

A change in custody  
Explain: \_\_\_\_\_

Application for or receipt of public assistance  
Explain: \_\_\_\_\_

Health care coverage becoming newly available to a party  
Explain: \_\_\_\_\_

Other: \_\_\_\_\_

➤ *Examples of changes that do **NOT** qualify include:*

- The custodial parent's income has changed (unless it is a substantial change)
- Your bills/expenses have increased
- A minor increase/decrease in the number of overnights

*If Friend of the Court denies your request for a review you may choose to file a motion with the court and ask for a review. If you need assistance in doing this, please contact an attorney or the Legal Assistance Center (LAC) at 180 Ottawa Ave NW, 5<sup>th</sup> Floor of the 17<sup>th</sup> Circuit Court. Please note the LAC is closed on Mondays.*

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If submitting electronically, please type your name on line*

Calculations use the Michigan Child Support Formula, which can be found at:

<http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Manuals/focb/2017MCSF.pdf>

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