

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

ORDER FOR PAYMENT PLAN

CASE NO.

Court address

Telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Attorney:

Attorney:

1. Date of hearing: _____ Judge/Referee: _____ Bar no.

2. A motion for payment plan was filed on _____
Date

THE COURT FINDS:

3. The payer, _____, did did not appear.
Name

4. The payee, _____, did did not appear.
Name

5. Payee did did not consent to entry of an order for payment plan as to the arrears.

6. The statutory requirements have have not been met.

7. Other: _____

IT IS ORDERED:

8. The motion for payment plan is denied.

9. The payer shall pay a total of \$ _____ per month for _____ months starting _____
Date

At the conclusion of the payment plan, the payer shall contact the court to schedule a hearing on the request to discharge any remaining arrears.

10. In addition to the monthly payment plan, payer shall meet the following requirements:

11. Other: _____

Date

Judge

NOTE: This order will not stop enforcement of child-support obligations when enforcement is required by law.

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