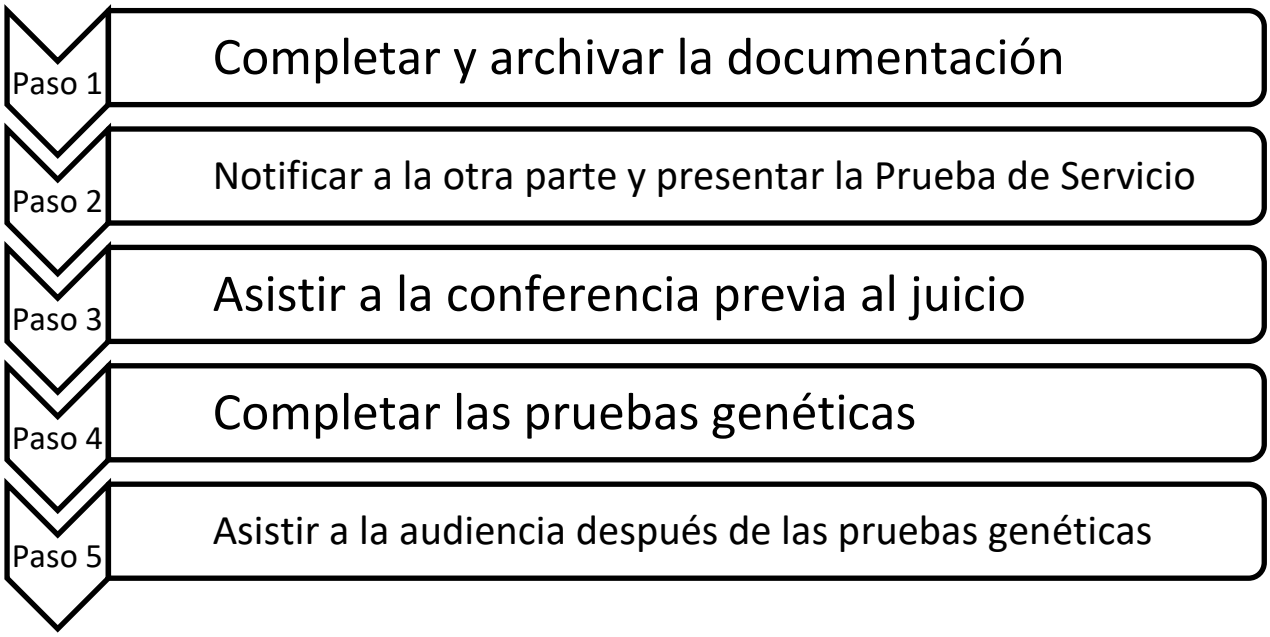
Paternidad (DP)

Formularios para presentar su propio caso de paternidad **no contestado** en Michigan*



* Esto no es asesoramiento legal. Quizá usted quiera consultar a un abogado. Este paquete es una colaboración entre la Biblioteca KPL Law, abogados locales y los tribunales. Gracias a El Concilio Kalamazoo por traducir este documento al español.

Cosas importantes que hay que saber

Uso de este Paquete de Paternidad
Este paquete proporciona los formularios básicos para presentar una demanda de paternidad. Información adicional está disponible en la Biblioteca Jurídica y en la página MichganLegalHelp.org. Ninguno de estos materiales puede decirle todo lo que necesita saber para manejar su caso o actuar en su propio interés.

Puede usar este paquete para pedir al tribunal que decida sobre la custodia, el tiempo de crianza y la manutención de los hijos. Usted puede esperar para plantear estos temas, pero la paternidad debe ser establecida antes de que el tribunal pueda considerarlos.

En lugar de usar este paquete, usted puede ponerse en contacto con el Departamento de Salud y Servicios Humanos de Michigan para abrir un caso de paternidad.

Este paquete asume que:

- **NO hay una declaración jurada de paternidad firmada por ambos padres para cada hijo.**
- **La madre del niño(s) no estaba casada con nadie cuando los hijos fueron concebidos o nacidos.**
- No existe ningún otro caso de custodia, paternidad o manutención ya presentado ante el tribunal de este estado ni de ningún otro estado relacionado con estos niños.
- El hijo(s) reside en el condado de Kalamazoo.
- Ninguna de las partes solicitarán órdenes temporales al tribunal.
- Las partes utilizarán Friend of the Court para los servicios de manutención infantil. Si usted pide manutención pero opta por no usar Friend of the Court, necesita presentar una Orden Uniforme de Manutención Infantil No Friend of the Court Services (formulario FOC 10a) en lugar del formulario incluido FOC 10. Puede consultar la Biblioteca Jurídica para obtener una copia de este formulario.
- Las partes seguirán la Fórmula de Manutención Infantil de Michigan para calcular los pagos de manutención infantil. El tribunal **debe** ordenar la manutención conforme a la Fórmula de Manutención Infantil de Michigan, salvo que la aplicación de la misma fórmula sea injusta o inapropiada. Consulte el Manual de Fórmulas de Manutención Infantil de Michigan para una lista de factores de desviación. Si no utilizas la Fórmula de Manutención Infantil de Michigan, rellena y firma un Anexo Uniforme de Desviación de Orden de Manutención Infantil (FOC 10d), así como la Orden Uniforme de Manutención Infantil (FOC 10/52). Puede solicitar a la Biblioteca Jurídica una copia de este formulario.

Ayuda de la Biblioteca Jurídica
Nuestro personal no son abogados. No ofrecemos asesoramiento legal. Proporcionamos información, formularios y recursos. Para nosotros es importante que usted utilice la corte con éxito, pero no podemos hacer nada. Es la responsabilidad de usted de lo que ocurra en su caso.

Recibir ayuda de un abogado
Algunos asuntos en un caso de paternidad pueden ser demasiado complicados para alguien que se representa a sí mismo. Habla con un abogado si: la custodia de sus hijos está en disputa, hay antecedentes de violencia doméstica o abuso/negligencia infantil, o si los ingresos de uno de los padres son inciertos o inciertos. La Biblioteca Jurídica cuenta con clínicas jurídicas mensuales para quienes cumplen los requisitos,

donde puede hablar con un abogado para ayudarle a comprender y tomar decisiones sobre asuntos importantes. Debería hablar con un abogado si la otra parte tiene uno.

Violencia doméstica
Si es sobreviviente de violencia doméstica, solicitar la paternidad puede poner usted en un riesgo adicional. Hay muchos recursos comunitarios disponibles para ayudar y podría optar a representación legal gratuita. Pide al personal de la Biblioteca Jurídica que se conecte con recursos que le ayuden a mantenerse seguro.

CUSTODIA
La custodia legal significa el derecho y la obligación de tomar decisiones importantes sobre los hijos, como dónde irán a la escuela, qué religión practican y decisiones médicas no urgentes. La custodia física se refiere a dónde vivirán los niños la mayor parte del tiempo. Tanto la custodia legal como la física pueden ser exclusivas (con un solo progenitor) o compartida (compartida por ambos progenitores). El tribunal decide sobre la custodia en función del "interés superior del menor".

TIEMPO DE CRIANZA
Cuando uno de los padres tiene la custodia física, el tiempo que los niños pasan con el otro progenitor se denomina "tiempo de crianza". Cuando los padres tienen custodia compartida, ambos tienen tiempo de crianza. El tiempo de crianza también se decide en función de los factores de "mejor interés". La ley presume que es lo mejor para los niños estar cerca y pasar tiempo con ambos padres. Un horario de tiempo de crianza establece los días y horarios de ese tiempo.

¿CUÁL ES LA POLÍTICA DE TIEMPO DE CRIANZA DEL CONDADO DE KALAMAZOO?
A menudo, el Tribunal utiliza una expresión abreviada llamada "Política de Tiempo de Crianza del Condado de Kalamazoo" para describir un tipo estándar de horario de tiempo de crianza. Debe familiarizarse con este horario y podrá describir con mayor precisión el horario que desea, o expresarse consultando la Política de Tiempo de Crianza del Condado de Kalamazoo.

MANUTENCIÓN DE LOS HIJOS
Según la ley, ambos padres tienen la obligación de proporcionar apoyo económico a sus hijos. Qué progenitor deberá pagar la manutención al otro depende de los ingresos de cada progenitor, del número de hijos, y puede verse afectado por cuánto tiempo pasa cada uno con los hijos. La manutención infantil generalmente continúa hasta que el niño cumpla 18 años, pero puede continuar hasta los 19 si el niño aún está en el instituto y es probable que se gradúe.

¿CÓMO CALCULO LA MANUTENCIÓN INFANTIL?
Existe una fórmula oficial en Michigan. La calculadora está en: pcal.state.mi.us/calculatorapp

Este paquete contiene los siguientes formularios (y sus títulos en inglés):

- Información sobre la Apertura del Caso / Case Initiation Information
- Citación y Prueba de Servicio / Summons and Proof of Service (MC 01)
- Demanda por paternidad / Complaint for Paternity
- Declaración jurada de la Ley Uniforme de Ejecución de la Jurisdicción de Custodia de Menores / Uniform Child Custody Jurisdiction Enforcement Act Affidavit (MC 416)
- Declaración verificada / Verified Statement (FOC 23)
- Solicitud de servicios IV-D / Application for IV-D Services (DHS 1201D)

- Solicitud de exención de tasas / Fee Waiver Request (MC 20) (si procede)
- Inventario confidencial de casos / Confidential Case Inventory (si procede)

Es posible que no utilice todos los formularios de este paquete dependiendo de si también pide la custodia, el tiempo de crianza y la manutención de los hijos.

¿CUÁLES SON LAS TASAS DE PRESENTACIÓN?
No hay tasa de presentación para presentar un caso de paternidad. Sin embargo, puede haber otras tasas o mociones de presentación después de que se presente la sentencia de paternidad. Este paquete incluye un formulario de solicitud de exención de tasas.

¿DÓNDE ESTÁ EL JUZGADO DE FAMILIA?
1536 Gull Road, Kalamazoo, Michigan 49048. Su número de teléfono es (269) 385-6000.

¿QUÉ SIGNIFICA "NO CONTESTADO"?
Eso significa que las dos partes están de acuerdo en los temas principales. Si no están, será muy difícil hacer este proceso por su cuenta. El juez puede ordenar que usted y el otro progenitor participen en un proceso de resolución alternativa de disputas (ADR) para intentar llegar a un acuerdo en su caso. Esto podría ser una reunión de Amigo del Tribunal, o podría ser una mediación con un mediador privado. Consulta MichiganLegalHelp.org para información sobre Friend of the Court y la mediación.

¿ES EL CONDADO DE KALAMAZOO EL LUGAR ADECUADO PARA PRESENTAR LA DEMANDA?
Esta acción de paternidad se presenta en el Tribunal de Circuito, División de Familia, en el condado donde reside el menor.

- Para qué Michigan tenga jurisdicción, Michigan debe ser el "estado de residencia" del niño o niños, que es el estado donde el o los niños han residido durante los últimos seis meses. Si no se cumple esa consideración, tendrás que investigar más sobre cómo, qué y dónde presentar la acción.
- Si el otro progenitor no vive actualmente en Michigan, entonces usted necesita investigar más sobre si habrá "jurisdicción personal" sobre la otra parte.
- La manutención de los hijos va de la mano con una orden de custodia/tiempo de crianza. La manutención infantil se establece por fórmula en Michigan. Es difícil, sino imposible en algunas circunstancias, "renunciar" a la manutención infantil, incluso si solicita que se la exima en su Demanda.

¡ESTOS FORMULARIOS SON CONFUSOS!
MichiganLegalHelp.org tiene excelentes artículos y formularios gratuitos en línea.

NO SÉ DÓNDE ESTÁ LA OTRA PARTE.
Usted puede presentar una moción ante el tribunal para notificar a alguien de otra manera, se llama notificación alternativa. Solicite el formulario a la Biblioteca Jurídica (Moción y Verificación para Servicio Alternativo / Motion and Verification for Alternate Service, MC 303).

¡AYUDA! ¡NECESITO ASESORAMIENTO LEGAL!
Llama a la Biblioteca Jurídica de KPL para saber cuándo será la próxima clínica legal gratuita (para residentes del condado de Kalamazoo): (269) 553-7920. La Biblioteca Jurídica también le puede orientar hacia otros recursos.

Instrucciones – Paternidad (DP)

Paso 1: Completar y archivar la documentación

Marque las casillas a continuación mientras rellene y firme estos formularios:

- ☐ Formulário de Información de Inicio de Caso /Case Initiation Information Form
- ☐ Citación / Summons (MC 01)
- ☐ Queja por Paternidad / Complaint for Paternity

Si usted solicite al tribunal que establezca la custodia, el tiempo de crianza y la manutención infantil, incluya estos formularios:

- ☐ Declaración Verificada / Verified Statement (FOC 23)
- ☐ Solicitud de Servicios de Manutención IV-D / Application for IV-D Child Support Services (DHS 1201-D)
- ☐ Declaración Jurada Uniforme de Jurisdicción de Custodia de Menores / Uniform Child Custody Jurisdiction Enforcement Act Affidavit (UCCJEAA) (MC 416) **(espere para firmar este formulario hasta que esté ante el secretario del juzgado o un notario)**

Formularios adicionales si se aplican a su situación:

- ☐ Formulario de solicitud de exención de honorarios / Fee Waiver Request Form (MC 20)
- ☐ Inventario confidencial de casos / Confidential Case Inventory (MC21)

Archivar la documentación:

Después de rellenar los formularios, haga una copia para usted. Después, lleve o envíe por correo los originales de todos los formularios anteriores a la División de Familia, Complejo de Justicia de Gull Road, 1536 Gull Road, Kalamazoo, Michigan 49048.

El secretario hará copias para la otra parte con el sello y el sello del tribunal. Entregará las copias del Demandado en el Paso 2.

El secretario asignará un número de caso y un juez a su caso, y el secretario sellará y firmará la citación. Devolverán copias de todos los formularios que el Tribunal no necesita.

A continuación, se presentan formularios adicionales si se aplican a su situación:

- Solicitud de exención de tasas / Fee Waiver Request (MC 20): utiliza este formulario si vas a pedir al tribunal que exima de tasas
- Inventario confidencial de casos / Confidential Case Inventory (MC 21): utilice este formulario si tiene otros casos pendientes o resueltos con el demandado

STATE OF MICHIGAN 9TH CIRCUIT COURT KALAMAZOO COUNTY	CASE INITIATION INFORMATION	CASE NO.

Court Address
FAMILY DIVISION – 1536 GULL ROAD, KALAMAZOO, MI 48048

Court Telephone No.
(269) 385-6000

To be completed by the attorney/party initiating the case.
It is required that this form be completed and presented to the Court Clerk when filing the case.

PARTIES INFORMATION	
PLAINTIFF	**DEFENDANT**
First, Middle and Last Name	First, Middle and Last Name
Address:	Address:
Phone Number ( )	Phone Number ( )
Date of Birth	Date of Birth
Plaintiff's Attorney Name and Address / Bar # ☐ I will be representing myself	Defendant's Attorney Name and Address / Bar # ☐ I will be representing myself

CHILDREN - List individually. List only the common children of the parties.

Child's Name	Date of Birth	Address of Child

PENDING OR PREVIOUS COURT ACTIONS

PARTY/PARTIES:

JUDGE: NAME OF COURT:

THIS ACTION IS: ☐ CLOSED ☐ OPEN NEXT HEARING DATE:

TYPE OF ACTION: ☐ ADOPTION ☐ NAME CHANGE ☐ DELINQUENCY ☐ DIVORCE ☐ CUSTODY
☐ PATERNITY ☐ CHILD PROTECTIVE PROCEEDING ☐ OTHER: _____

Date: _____

_____
Signature of Attorney/Party Initiating the Case

_____
Please print name of person signing this form

9CC-0426 (4/25/05)

Approved, SCAO

Original - Court
1st copy - Defendant

2nd copy - Plaintiff
3rd copy - Return

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	SUMMONS	CASE NO.

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.		Defendant's name, address, and telephone no.
	v	
Plaintiff's attorney, bar no., address, and telephone no.		

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (MC 21) listing those cases.

☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.

☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).

☐ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.

☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside of Michigan).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

Summons (3/23) **Case No.** _____

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the summons and complaint and file proof of service with the court clerk before the expiration date on the summons. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE OF SERVICE / NONSERVICE

☐ I served ☐ personally ☐ by registered or certified mail, return receipt requested, and delivery restricted to the the addressee (copy of return receipt attached) a copy of the summons and the complaint, together with the attachments listed below, on:

☐ I have attempted to serve a copy of the summons and complaint, 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 am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party.

☐ I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service 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	
$		$	
Incorrect address fee	Miles traveled	Fee	**TOTAL FEE**
$		$	**$**

_____
Signature

_____
Name (type or print)

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of a copy of the summons and complaint, together with

_____ on _____.
Attachments (if any) Date and time

_____ on behalf of _____
Signature

_____
Name (type or print)

MCL 600.1910, MCR 2.104, MCR 2.105

STATE OF MICHIGAN 9TH CIRCUIT COURT KALAMAZOO COUNTY	COMPLAINT FOR PATERNITY	CASE NO.

Court address
FAMILY DIVISION – 1536 GULL ROAD, KALAMAZOO, MI 49048

Court telephone no.
(269) 385-6000

Plaintiff (person who starts the case)

Name: *In Pro Per*
Address:

Phone number:

v

Defendant (other party)

Name: *In Pro Per*
Address:

Phone number:

I state:

I. Jurisdiction, Basic Facts

1. The plaintiff, who is the ☐ mother ☐ alleged father, is a resident of _____ County, State of _____.

2. The defendant, who is the ☐ mother ☐ alleged father, is a resident of _____ County, State of _____.

3. The minor child(ren) is/are a resident of _____ County, State of _____.

4. The following child(ren), born to the mother, are believed to be the biological children of the alleged father:

Full Name of Minor Child (under age 18):	**Age:**

II. Paternity

5. The mother became pregnant by the alleged father on or about _____(date) at _____(location). [Include information for each child if there is more than one].

6. ☐ The mother was not married when she conceived or gave birth to the child(ren).
☐ The mother was married at the time of conception or birth of the child(ren). An order of non-paternity has been entered by a court of competent jurisdiction. ☐ A copy of this order is attached.

7. No Affidavit(s) of Parentage is/are on file for the child(ren) by the alleged father or any other father.

8. The ☐ plaintiff ☐ defendant is or may be the biological father of the child(ren).

III. Custody, Parenting Time, and Child Support

9. Should the court determine and order that the alleged father is the legal father of the child(ren), the court should enter both temporary and final orders concerning custody, parenting time, and child support for the child(ren).

10. It is in the best interests of the child(ren) to award custody as follows:

Full Name of Minor Child (under age 18):	**Legal Custody**	**Physical Custody**
	☐ sole to mother ☐ sole to father ☐ joint	☐ sole to mother ☐ sole to father ☐ joint
	☐ sole to mother ☐ sole to father ☐ joint	☐ sole to mother ☐ sole to father ☐ joint
	☐ sole to mother ☐ sole to father ☐ joint	☐ sole to mother ☐ sole to father ☐ joint

11. It is in the best interests of the child(ren) to award parenting time to:
☐ mother ; **or** ☐ father; **or** ☐ both parties as follows:

☐ Reasonable parenting time on dates and times we agree to; **or**
☐ According to this specific schedule:_____

_____.

12. The minor child(ren) need financial support, including health and hospitalization insurance, other medical support, and child care expenses. Child support and other expenses should be calculated and ordered according to the Michigan Child Support Formula.

I REQUEST that the Court:

a. Enter an order requiring the mother, child, and alleged father to appear for and participate in genetic testing to determine the paternity of the child(ren).

b. Should genetic testing determine that the alleged father is the biological father of the child(ren), the Court enter an order of paternity/filiation declaring that the alleged father is the legal father of the child(ren).

c. Simultaneously with the entry of an order of paternity/filiation, enter an order regarding custody, parenting time, and child support as specified in this complaint.

d. Order a fair division of the costs related to this case, including the cost of any investigation requested by the Court, and that the costs of genetic testing be divided equitably between the parties.

e. Grant any other relief that the Court believes is fair and appropriate.

The statements in this Complaint are true to the best of my knowledge.

_____ _____
Date Plaintiff Signature

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE

Friend of the court address

Telephone no.

Information about you:

1. Last name	First name	Middle name	2. Any other names by which you have been known

3. Date of birth	4. Social security number	5. Driver's license number and state

6. Mailing address and residence address (if different)

7. E-mail address

8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.

15. Mobile telephone no.	16. Home telephone no.	17. Work telephone no.	18. Occupation

19. Business/Employer's name and address	20. Gross weekly income

21. Did you apply for or receive public assistance? If yes, please specify kind and case number.
☐ Yes ☐ No

22. Any other country(ies) of citizenship:	23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Information about the other parent in this case:

24. Last name	First name	Middle name	25. Any other names by which parent has been known

26. Date of birth	27. Social security number	28. Driver's license number and state

29. Mailing address and residence address (if different)

30. E-mail address

31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.

38. Mobile telephone no.	39. Home telephone no.	40. Work telephone no.	41. Occupation

42. Business/Employer's name and address	43. Gross weekly income

44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number.
☐ Yes ☐ No ☐ Unsure

45. Any other country(ies) of citizenship:	46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Distribute form to:
Friend of the Court
Plaintiff/Attorney
Defendant/Attorney

Case No. _____

Information about the minor child(ren):					
47. a. Name and sex of minor child in case	M/F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address

48. a. Name and sex of other minor child of either party	M/F	b. Birth date	c. Age	d. Residential address

49. Health care coverage available for each minor child			
a. Name of minor child	b. Name of policy holder	c. Name of insurance Co./HMO	d. Policy/Certificate/Contract/Group No.

50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

_____ _____

Date Signature

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf. Or you may request a copy from your local friend of the court office.

APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan
Friend of the Court

FOR OFFICE USE ONLY		
App Request Date	App Returned Date	IV-D Case Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

AUTHORITY: 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)	Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)
What is your relationship to the child(ren) for whom you are applying for child support services? ☐ Mother ☐ Father	☐ Mother ☐ Father ☐ Both

A. Mother's Information

Mother's Name (First, Middle, Last)	Mother's Social Security Number
Mother's Mailing Address (Street, City, State, Zip Code)	Mother's Telephone Number

B. Father's Information

Father's Name (First, Middle, Last, Suffix)	Father's Social Security Number
Father's Mailing Address (Street, City, State, Zip Code)	Father's Telephone Number

C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

☐ Yes ☐ No

D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

☐ Yes (Check one if different than 25%) 10% 50%

☐ No, please contact me before you try to recover an amount from my support payments.

E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents,* at www.michigan.gov/childsupport in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

Applicant or Attorney of Record Signature (Signature is required)	Applicant or Attorney of Record Printed Name	Date

If signed by an attorney, (s)he is acting on behalf of _____
Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Return this completed application to your local Friend of the Court Office.

STATE OF MICHIGAN JUDICIAL CIRCUIT PROBATE COURT COUNTY	UNIFORM CHILD CUSTODY JURISDICTION ENFORCEMENT ACT AFFIDAVIT	CASE NUMBER and JUDGE

Court address **Court telephone number**

Plaintiff's name	v	Defendant's name

In the matter of _____

1. The name and present address of each child (under 18) in this case is:

2. The Cities/States/Countries the child(ren) have lived in during the last 5 years along with the dates the child(ren) lived there (include addresses if available):

3. The name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:

4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this state or any other state, **except**: Specify case name and number, court name and address, and date of child custody determination, if one.

5. I do not know of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this state or any other state, **except**: Specify case name and number, court name and address, and nature of the proceeding.

That proceeding ☐ is continuing. ☐ has been stayed by the court.
☐ Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation

6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except**: State name(s) and address(es) of each person.

7. The child(ren)'s "home state" is _____ . ***See definition of "home state" below.

☐ 8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

_____ _____ _____
Signature of affiant | Name of affiant (type or print) | Address of affiant

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.

*"Home state" means the state in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the state in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period. MCL 722.1102(g).

JIS Code: OSF

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE

Court address **Court telephone no.**

Plaintiff/Petitioner's name, address, and telephone no.	V	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

Instructions: Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I, _____, request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)
Print or type your name

☐ 1. I receive the following type(s) of public assistance because of indigence:
- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
- ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
- ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
- ☐ Women, Infants, and Children benefits (WIC)
- ☐ Supplemental Security Income through the federal government (SSI)
- ☐ Other means-tested public assistance: _____

My public assistance case number(s) (if any) is _____.
Write "none" if no case number. Do not write your Social Security Number

☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is

_____.

☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.

My gross household income is $ _____ every _____.
Week/Two weeks/Month/Year

The number of people in my household is _____.

My source of income is _____.

List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

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

_____ _____
Date Signature

Distribute form to:
Court
Applicant
Other parties
Friend of the court (when applicable)

SRA

Case No. _____

CLERK WAIVER

1. Payment of filing fees is waived.

_____
Signature of court clerk and date

ORDER

IT IS ORDERED:

☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
- ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
- ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you
- ☐ b. Other:

_____
Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

_____
Issue date (completed by clerk)

STATE OF MICHIGAN CIRCUIT COURT - FAMILY DIVISION COUNTY	CONFIDENTIAL CASE INVENTORY (DOMESTIC RELATIONS AND JUVENILE CODE)	CASE NUMBER PETITION NUMBER JUDGE

Plaintiff's name	v	Defendant's name

In the matter of ______________________________

Instructions: List any known pending or resolved family division or tribal court cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. File the completed form with the complaint or petition, but do not attach or staple together. Complete and file additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

Note: This form is confidential and not to be served on other parties in this case.

Court information (name, number, and county/state) ☐ This court ☐ Other court or tribunal:		
Case name		Case/File number
Assigned judge	Case status ☐ Pending ☐ Resolved	Are support or custody/parenting time orders in effect? ☐ Support ☐ Custody/Parenting Time

Court information (name, number, and county/state) ☐ This court ☐ Other court or tribunal:		
Case name		Case/File number
Assigned judge	Case status ☐ Pending ☐ Resolved	Are support or custody/parenting time orders in effect? ☐ Support ☐ Custody/Parenting Time

Court information (name, number, and county/state) ☐ This court ☐ Other court or tribunal:		
Case name		Case/File number
Assigned judge	Case status ☐ Pending ☐ Resolved	Are support or custody/parenting time orders in effect? ☐ Support ☐ Custody/Parenting Time

Court information (name, number, and county/state) ☐ This court ☐ Other court or tribunal:		
Case name		Case/File number
Assigned judge	Case status ☐ Pending ☐ Resolved	Are support or custody/parenting time orders in effect? ☐ Support ☐ Custody/Parenting Time

______________________ Date

______________________ Signature

Instrucciones – Paternidad (DP)

Paso 2: Notifique a la otra parte y presente la prueba de notificación

Necesitará un asistente mayor de 18 años para completar este paso. Su ayudante debe entregar (notificar) a la otra parte la documentación que rellenaste en el Paso 1:

- Citación firmada por el secretario
- Queja
- Declaración verificada
- Declaración jurada de la Ley Uniforme de Ejecución de la Jurisdicción de Custodia de Menores

Sirva a la otra parte de dos maneras. Use **cualquiera de las** dos:

- **Servicio personalizado**
  Su ayudante puede entregar los trabajos en persona. Si la otra parte acepta la notificación de los papeles, él o ella puede rellenar y firmar el Reconocimiento del Servicio en la segunda página de la citación. Si no lo hacen, está bien. Su asistente puede rellenar y firmar el Certificado de Notificación en la segunda página del formulario de citación.

  O

- **Entrega por correo**
  Usted o su ayudante puede acudir a la oficina de correos y enviar los papeles por correo certificado, entrega restringida, Recibo de Devolución Solicitado. La oficina de correos cobra una tarifa por estos servicios. Si usted no usa correo certificado **y** restringido, otra persona puede firmar los papeles. Si alguien que no sea la otra parte firma, tendrá que enviar los papeles de nuevo. Complete una tarjeta verde en la oficina de correos para solicitar este servicio. La tarjeta verde es así:

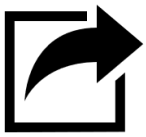
La persona que envía los papeles debe rellenar y firmar el Certificado de Notificación en la segunda página del formulario de citación.

Usted tiene 91 días desde la fecha de emisión de la citación para entregar los papeles de custodia a la otra parte, o su caso será desestimado.

Prueba de Notificación

Si usted utilizó la notificación personal, debería recibir la Prueba de Notificación completada (la segunda página del formulario de citación, también conocida como la Devolución de la Notificación de la Citación) de su ayudante. Si los formularios se enviaron por correo, recibirá la tarjeta verde de vuelta por la oficina de correos firmada por el demandado.

Para más información sobre cómo notificar documentos judiciales, lea "Cómo notificar documentos de custodia" en MichiganLegalHelp.org.



Presenta la prueba de servicio:

Después de que la otra parte haya sido notificada con los papeles de custodia, presente uno de estos ante el Tribunal de Familia:

- Si usted utilizó la notificación **PERSONAL** , presente la Prueba de Notificación en la segunda página del formulario de citación. Asegúrese de que el Certificado de Servicio esté firmado por su ayudante o que el Reconocimiento del Servicio esté firmado por la otra parte.

- Si usted utilizó el servicio **MAIL**, presente la Prueba de Notificación en la segunda página del formulario de citación. Asegúrese de que el Certificado de Servicio esté firmado por quien envió los papeles por correo. Asegúrese de que la tarjeta verde de recibo de devolución que firmó la otra parte está grapada a la segunda página del formulario.

Esto demuestra al tribunal que entregó al demandado una copia de los documentos del Paso 1.

Puede llevar o enviar por correo la documentación de prueba de notificación a la División de Familia, Complejo de Justicia Gull Road, 1536 Gull Road, Kalamazoo, Michigan 49048.

Instrucciones – Paternidad (DP)

Paso 3: Asistir a la conferencia previa al juicio

El Tribunal programará una conferencia previa al juicio para usted. Durante esta audiencia, el Tribunal ordenará pruebas genéticas para las partes y el niño(s) en este caso.

Paso 4: Completar las pruebas genéticas

El tribunal te dará información sobre dónde acudir para hacer pruebas de ADN. Es posible que tenga que completar esto en un número determinado de días.

Paso 5: Asistir a la audiencia después de las pruebas genéticas

Una vez finalizadas las pruebas genéticas, el Tribunal tendrá otra audiencia y dictará sentencia para determinar si la persona examinada es el padre del niño(s). El Tribunal preparará la sentencia.

Esta audiencia también puede abarcar la custodia, el tiempo de crianza y la manutención de los hijos, pero esos temas también pueden plantearse en otro momento.

STATE OF MICHIGAN 9TH CIRCUIT COURT KALAMAZOO COUNTY	MOTION FOR GENETIC TESTING	CASE NO.

Court address
FAMILY DIVISION – 1536 GULL ROAD, KALAMAZOO, MI 49048

Court telephone no.
(269) 385-6000

Plaintiff (person who starts the case)		**Defendant (other party)**
Name: *In Pro Per* Address: Phone number:	v	Name: *In Pro Per* Address: Phone number:

Plaintiff requests the Court to enter on order for genetic testing pursuant to MCL 722.716 (Paternity Act) or MCL 722.1443 (Revocation of Parentage Act), stating as follows:

1. This action involves the determination of the biological parentage of the minor child(ren):

   _____, born _____;

   _____, born _____;

   _____, born _____.

2. A dispute has arisen regarding the biological paternity of the child(ren) named above.

3. ☐ Plaintiff ☐ Defendant is the ☐ alleged father ☐ biological mother ☐ presumed father of the child(ren).

4. Genetic testing is necessary to provide clear and convincing evidence to establish or exclude alleged father _____ as the biological father.

5. Under MCL 722.716, the court shall, upon the motion of any party, order the mother, the child, and the alleged father to submit to blood or tissue typing determinations.

I REQUEST that the Court:

a. Grant this Motion for Genetic Testing.

b. Order the Plaintiff, Defendant, and minor child(ren) to appear for testing at a designated time and facility.

c. Order payment of the test as follows:
   ☐ Plaintiff ☐ Defendant will pay the full cost of the test; or
   ☐ Divide the cost of the test between Plaintiff and Defendant.

d. Grant any other relief that the Court believes is fair and appropriate.

I declare the statements above are true to the best of my knowledge.

_____ _____
Date Plaintiff Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOR GENETIC TESTING (REVOCATION OF PARENTAGE ACT)	CASE NO. and JUDGE

Court address **Court telephone no.**

Plaintiff's name, address, and telephone no.		Defendant's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.	**v**	Defendant's attorney, bar no., address, and telephone no.
Third party's name, address, and telephone no.		Third party's attorney, bar no., address, and telephone no.

THE COURT FINDS:

1. An action has been brought under the Revocation of Parentage Act regarding _____ .
   Name of child

☐ 2. A sufficient affidavit was submitted under MCL 722.1437 and an order for genetic testing is otherwise appropriate.
(Item 2 is only used where an action to revoke an acknowledgment of parentage is filed.)

IT IS ORDERED:

3. To assist the court in making its determination in this action, _____
   Name(s)
   _____ shall participate in genetic testing in accordance with MCL 722.716.

4. The cost for genetic testing shall be paid as follows: _____

   _____

5. Testing shall be completed and test results filed with this court by _____ .
   Date

6. Other:

_____
Judge signature and date

Distribute form to:
Court
Plaintiff/Attorney
Defendant/Attorney
Friend of the court
Third party (as needed)