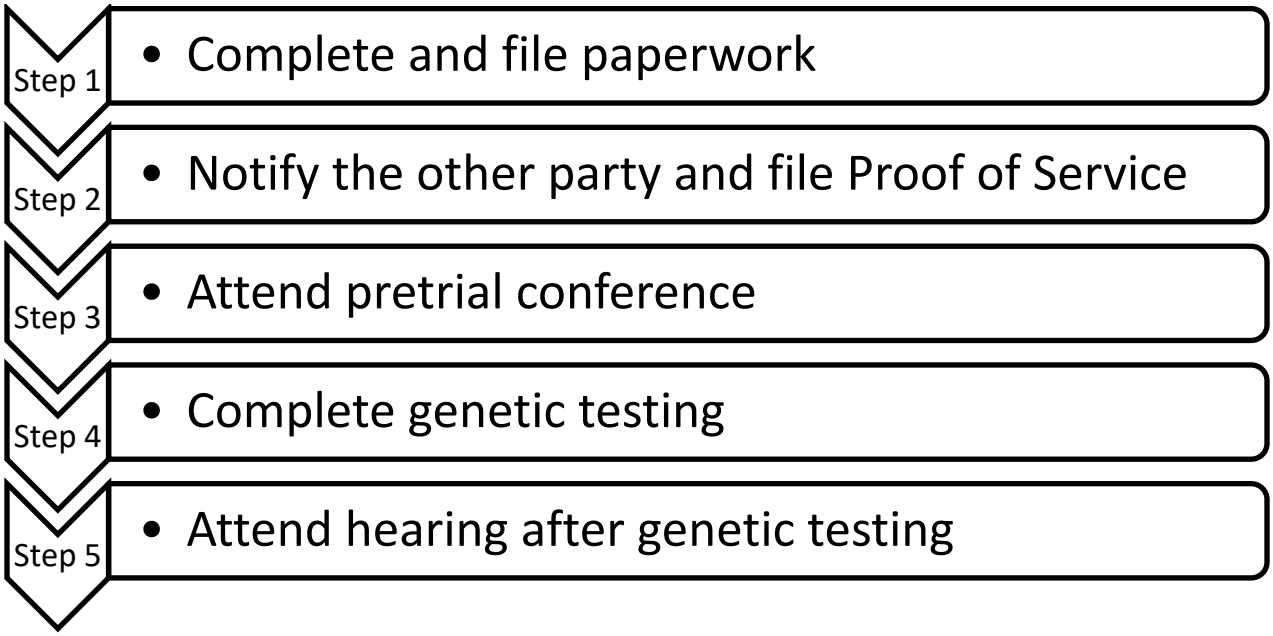
Paternity (DP)

Forms for filing your own **uncontested** paternity case in Michigan*



* This is not legal advice. You may want to consult an attorney. This packet is a collaboration among the KPL Law Library, local attorneys, and the courts.

Important Things to Know

Using this Paternity Packet

This packet provides you with the basic forms to file a case for paternity. Additional information is available at the Law Library and at MichganLegalHelp.org. None of these materials can tell you everything you need to know to handle your case or act in your own best interest.

You can use this packet to ask the court to decide on custody, parenting time, and child support. You can wait to bring up these issues, but paternity must be established before the court can consider them.

Instead of using this packet, you can contact the Michigan Department of Health and Human Services to open a paternity case.

This packet assumes that:

- **There is NOT an Affidavit of Parentage signed by both parents for each child.**
- **The mother of the child(ren) was not married to anyone when the children were conceived or born.**
- There is no other custody, paternity, or support case already filed with the court in this state or any other state concerning these child(ren).
- The child(ren) reside in Kalamazoo County.
- Neither party will request temporary orders from the Court.
- The parties will use Friend of the Court for child support services. If you are asking for child support but opting out of using Friend of the Court, you need to file a Uniform Child Support Order No Friend of the Court Services (form FOC 10a) instead of the included form FOC 10. You can ask the Law Library for a copy of this form.
- The parties will follow the Michigan Child Support Formula for calculating child support payments. The court **must** order support according to the Michigan Child Support Formula unless the application of the formula is unjust or inappropriate. See the Michigan Child Support Formula Manual for a list of deviation factors. If you are not using the Michigan Child Support Formula, then fill out and sign a Uniform Child Support Order Deviation Addendum (FOC 10d) as well as the Uniform Child Support Order (FOC 10/52). You can ask the Law Library for a copy of this form.

Help from the Law Library

Our staff are not attorneys. We do not give legal advice. We provide information, forms, and resources. It is important to us that you use the court successfully, but we cannot do things for you. You are responsible for what happens in your case.

Getting Help from a Lawyer

Some issues in a paternity case can be too complicated for someone representing themselves. Talk to a lawyer if: custody of your children will be in dispute, there is a history of domestic violence or child abuse/neglect, or one parent's income is unclear or uncertain. The Law Library has monthly legal clinics for those who qualify where you can speak to an attorney to help you understand and make decisions about important issues. You should talk with a lawyer if the other party has a lawyer.

Domestic Violence
If you are a survivor of domestic violence, filing for paternity may put you at additional risk. Many community resources are available to assist you and you may qualify for free legal representation. Ask the staff of the Law Library to connect you to resources to help keep you safe.

CUSTODY
Legal custody means the right and obligation to make important decisions about your children such as where they will go to school, what religion they practice, and non-emergency medical decisions. Physical custody refers to where the children will live most of the time. Both legal and physical custody can be sole (with one parent only) or joint (shared by both parents). The court decides on custody based on the "best interests of the child.

PARENTING TIME
When one parent has physical custody, the time the children spend with the other parent is called "parenting time." When the parents have joint custody, both parents have parenting time. Parenting time is also decided based upon the "best interest" factors. The law presumes that it is in the best interest of the children to be close to and spend time with both parents. A parenting time schedule sets out the days and times for parenting time.

WHAT IS THE KALAMAZOO COUNTY PARENTING TIME POLICY?
Often the Court uses a shorthand expression "Kalamazoo County Parenting Time Policy" to describe a standard type of parenting time schedule. Familiarize yourself with this schedule, and you can more accurately describe what schedule you'd like, or express yourself by referring to the Kalamazoo County Parenting Time Policy.

CHILD SUPPORT
Under the law, both parents have an obligation to provide financial support for their children. Which parent will be required to pay child support to the other is based upon each parent's income, the number of children, and can be affected by how much time each parent spends with the children. Child support generally continues until a child is 18 but may continue to age 19 if the child is still in high school and likely to graduate.

HOW DO I CALCULATE CHILD SUPPORT?
There is an official formula in Michigan. The calculator is located at: pcal.state.mi.us/calculatorapp

This packet contains the following forms:

- Case Initiation Information
- Summons and Proof of Service (MC 01)
- Complaint for Paternity
- Uniform Child Custody Jurisdiction Enforcement Act Affidavit (MC 416)
- Verified Statement (FOC 23)
- Application for IV-D Services (DHS 1201D)
- Fee Waiver Request (MC 20) (if needed)
- Confidential Case Inventory (if needed)

You may not use all the forms in this packet depending on whether you are also asking for custody, parenting time, and child support.

WHAT ARE THE FILING FEES?
There is no filing fee to file a paternity case. However, there may be other filing fees or motions after the Judgment of Paternity is filed. A Fee Waiver Request form is included in this packet.

WHERE IS THE FAMILY COURT?
1536 Gull Road, Kalamazoo, Michigan 49048. Their phone number is (269) 385-6000.

WHAT DOES "UNCONTESTED" MEAN?
That means you agree on the major issues. If you don't, this will be very hard to do on your own. The judge may order you and the other parent to participate in an alternative dispute resolution (ADR) process to try to settle your case. This might be a Friend of the Court meeting, or it could be mediation with a private mediator. See MichiganLegalHelp.org for information about Friend of the Court and mediation.

IS KALAMAZOO COUNTY THE RIGHT PLACE TO FILE?
This Paternity action gets filed in the Circuit Court, Family Division, in the County where the child resides.

- For order for Michigan to have jurisdiction, Michigan needs to be the child(ren)'s "home state" which is the state where the child(ren) have resided for the last six months. If that consideration is not met, you will need to do further research on how/what/from where to file your action.
- If the other parent does not currently live in Michigan, then you need to do further research on whether there will be "personal jurisdiction" over the other party.
- Child Support goes together with a custody/parenting time order. Child Support is set by formula in Michigan. It is difficult, if not impossible in some circumstances, to "waive" child support, even if you ask for it to be waived in your Complaint.

THESE FORMS ARE CONFUSING!
MichiganLegalHelp.org has excellent free online articles and forms.

I DON'T KNOW WHERE THE OTHER PARTY IS.
You can file a motion with the court to serve someone another way, called alternate service. Ask the Law Library for the form (Motion and Verification for Alternate Service, MC 303).

HELP! I NEED LEGAL ADVICE!
Call the KPL Law Library to find out when the next free legal clinic is (for residents of Kalamazoo County): (269) 553-7920. The Law Library can also guide you to other resources.

Instructions – Paternity (DP)

Step 1: Complete and File Paperwork

Check the boxes below as you fill out and sign these forms:

☐ Case Initiation Information Form
☐ Summons (MC 01)
☐ Complaint for Paternity

If you are asking the court to establish custody, parenting time, and child support, include these forms:

☐ Verified Statement (FOC 23)
☐ Application for IV-D Child Support Services (DHS 1201-D)
☐ Uniform Child Custody Jurisdiction Enforcement Act Affidavit (UCCJEAA) (MC 416)
(wait to sign this form until you are in front of the court clerk or a notary)

Additional forms if they apply to your situation:
☐ Fee Waiver Request Form (MC 20)
☐ Confidential Case Inventory (MC21)

File paperwork:

After you've filled out the forms, make a copy for yourself. Then take or mail the originals of all the forms above to the Family Division, Gull Road Justice Complex, 1536 Gull Road, Kalamazoo, Michigan 49048.

The clerk will make copies for the other party with the court stamp and seal on them. You will serve the Defendant's copies in Step 2.

The clerk will assign a case number and judge to your case and will stamp and sign the Summons. They will return copies of all the forms the Court doesn't need.

The following are additional forms if they apply to your situation:

- Fee Waiver Request (MC 20) – use this form if you are asking the court to waive fees
- Confidential Case Inventory (MC 21) – use this form if you have other pending or resolved cases with the defendant

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

Instructions – Paternity (DP)

Step 2: Notify the Other Party and File Proof of Service

You will need a helper who is over 18 years old to complete this step. Your helper must give (serve) the other party with the paperwork you filled out in Step 1:

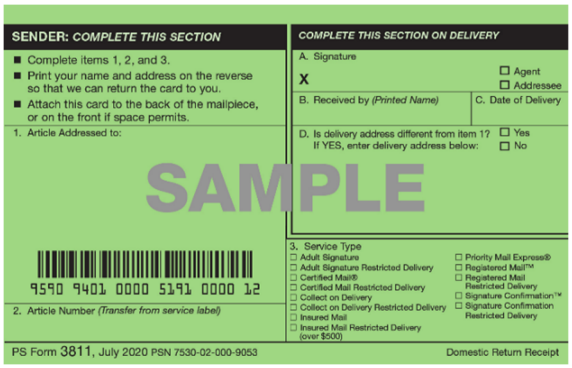
- Summons signed by the clerk
- Complaint
- Verified Statement
- Uniform Child Custody Jurisdiction Enforcement Act Affidavit

Serve the other party in one of two ways. Use **EITHER**:

- **Personal Service**
  Your helper can deliver the papers in person. If the other party agrees to accept service of the papers, they can fill out and sign the Acknowledgement of Service on the second page of the Summons. If they don't do this, it's OK. Your helper can fill out and sign the Certificate of Service on the second page of the Summons form.

OR

- **Service by Mail**
  You or your helper can go to the Post Office and send the papers by Certified Mail, Restricted Delivery, Return Receipt Requested. The Post Office charges a fee for these services. If you do not use certified **and** restricted mail, someone else may sign for the papers. If someone other than the other party signs, you will need to send the papers again. Complete a green card at the Post Office to request this service. The green card looks like this:

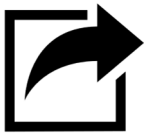


The person who mails the papers must fill out and sign the Certificate of Service on the second page of the Summons form.

You have 91 days from the issue date on the Summons to serve the other party with the custody papers, or your case will be dismissed.

Proof of Service
If you used personal service, you should receive the completed Proof of Service (the second page of the Summons form, also known as the Return of Service of the Summons) back from your helper. If the forms were sent by mail, you will get the green card back from the Post Office signed by the Defendant.

For more information on serving court papers, read "How to Serve Custody Papers" at MichiganLegalHelp.org.



File the Proof of Service:

After the other party has been served with the custody papers, file one of these with the Family Court:

- If you used **PERSONAL** service, file the Proof of Service on the second page of the Summons form. Make sure either the Certificate of Service is signed by your helper or the Acknowledgement of Service is signed by the other party.

- If you used **MAIL** service, file the Proof of Service on the second page of the Summons form. Make sure the Certificate of Service is signed by whoever mailed the papers. Make sure the green Return Receipt card the other party signed is stapled to the second page of the form.

This proves to the Court that you served the defendant with a copy of the paperwork in Step 1.

You can take or mail the proof of service paperwork to the Family Division, Gull Road Justice Complex, 1536 Gull Road, Kalamazoo, Michigan 49048.

Instructions – Paternity (DP)

Step 3: Attend Pretrial Conference

The Court will schedule a pretrial conference for you. During this hearing, the Court will order genetic testing for the parties and the child(ren) in this case.

Step 4: Complete Genetic Testing

The Court will give you information about where to go for DNA testing. You may have to complete this within a certain number of days.

Step 5: Attend Hearing After Genetic Testing

After genetic testing is completed, the Court will hold another hearing and enter a judgment determining whether the tested individual is the father of the child(ren). The Court will prepare the Judgment.

This hearing can also cover custody, parenting time, and child support, but those issues can also be raised at another time.

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)