

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MOTION AND ORDER TO SHOW CAUSE FOR CONTEMPT (SUPPORT)	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

MOTION

Attorney:

v

Defendant's name, address, and telephone no.

Attorney:

1. _____
Name of payer
was ordered to pay support.
2. The office of the friend of the court has reviewed the records and determined that the past-due support amount on _____ is
Date
\$ _____, which exceeds the statutory amount allowed.
3. **I request** the court issue an order to show cause why the payer named above should not be found in contempt for failure to comply with the court's order.

USE NOTE: This form is for use by the friend of the court. Parties should use form MC 230.

_____ Date

_____ Friend of the court/Authorized representative

ORDER

IT IS ORDERED:

4. _____ shall appear on _____
Name of payer Date and time
at _____
Location

to show cause why he/she should not be held in contempt for failure to comply with the court's order. If the named party fails to appear, he/she may be found in contempt and a bench warrant may be issued for his/her arrest. If contempt is found, the court may apply any enforcement remedy allowed under law.

5. This matter will be heard before a referee; however, this matter may be taken before the judge for immediate hearing if necessary.

Judge signature and date

NOTE: The court will consider the following critical issues to decide if you are in contempt:

- you do not attend a work activity that you were referred to and do not have another source of income.
- you have the ability to pay all or some of your support but do not.
- you do not diligently put forth effort to be able to pay all or some of your support.

NOTICE REGARDING HEARING:

Each party attending the hearing must dress in a manner appropriate for a court hearing and must not carry any weapons into the courthouse or office of the friend of the court.

- Do not bring any child to court who will not be called to testify.
- Complete the attached forms that apply, following the instructions provided.

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. When contacting the court, provide your case number(s).

CERTIFICATE OF MAILING

I served a copy of this motion on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature