

**INSTRUCTIONS FOR COMPLETING  
CONSENT ORDER/ZERO SUPPORT ORDER REQUEST FORM**

The Friend of the Court prepares orders for parties who have reached an agreement as well as those who qualify for zero support due to various reasons.

**USE THIS FORM ONLY IF:**

- You and the other party to the case have reached an agreement and want to put it into a court order; OR
- You wish to request a zero child support order.

**FILLING OUT THE FORM**

- 1) Please complete Part A in its entirety.
- 2) If you and the other party have reached an agreement regarding custody, parenting time, and/or domicile, please complete Part B.
- 3) If you and the other party have reached an agreement regarding child support/payments, please complete Part C and make sure to be very specific.
- 4) If you wish to request a zero child support order due to being married to the other party, not married but living together, the child(ren) goes to live with other parent, etc., please complete Part D.
- 5) **Make sure both parties sign the form.**

**FILING FORM**

- 1) Once you complete the form, please submit to the Friend of the Court Office by mailing it to Saginaw County Friend of the Court, 111 S. Michigan Ave., Saginaw, MI 48602, or emailing it to [foc@saginawcounty.com](mailto:foc@saginawcounty.com).
- 2) A copy of BOTH parties' driver's licenses MUST be provided to the Friend of the Court along with the form. Nothing will be processed until a copy of each party's driver's license is received.
- 3) Return form to FOC within 30 days.

**SAGINAW COUNTY FRIEND OF THE COURT**  
**CONSENT ORDER/ZERO SUPPORT ORDER REQUEST FORM**

**PART A**

Case Name \_\_\_\_\_ v \_\_\_\_\_ Case # \_\_\_\_\_

Plaintiff's Name \_\_\_\_\_ Defendant's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Plaintiff's Employer: \_\_\_\_\_ Defendant's Employer: \_\_\_\_\_

Average Weekly Hours: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Hourly wage: \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Annual Child Care Costs: \$ \_\_\_\_\_ Annual Child Care Costs: \$ \_\_\_\_\_

Medical Insurance Premium Attributable to  
the Children \$ \_\_\_\_\_ Medical Insurance Premium Attributable to  
the Children \$ \_\_\_\_\_

Number of biological children: \_\_\_\_\_ Number of biological children: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

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**PART B**

If you and the other party have reached an agreement as to custody, parenting time, and/or domicile and want entered as a court order, please complete the following:

The Consent Order you are requesting to have entered is for a change in (circle all that apply):

1. Custody

2. Parenting Time

3. Domicile

If you are requesting a custody/parenting time consent order, please be specific regarding legal custody changes, along with specific parenting times which include holidays/extended breaks. Use additional pages if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART C**

If you and the other party have reached an agreement regarding child support, please complete the following:

If you are requesting a child support consent order, **please specifically set forth the amount and the reason for the consent order**, other than the parties agree to it. It must be specific as to the reason or it may be denied. Use another sheet if necessary.

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**PART D**

If you and the other party wish to have child support set to zero, please complete the following:

Check the box below for reason if requesting to set child support at zero. **PLEASE ATTACH DOCUMENTATION SHOWING PROOF OF THE REASON YOU HAVE CHECKED BELOW. IF SUFFICIENT PROOF IS NOT GIVEN, YOUR REQUEST WILL NOT BE PROCESSED.**

- ☐ Parties are married, and the marriage occurred after this action was filed.
- ☐ Parties were married before the action was filed but separated and are now living together.
- ☐ Parties are not married but are living together and on cash assistance (with these children) as long as both parties are on the same cash grant (TANF).
- ☐ Child(ren) goes to live with the non-custodial parent.

**Do you wish to have arrearages to payee waived (yes or no) \_\_\_\_\_**

\_\_\_\_\_  
Payee's Signature (person WAIVING support)

\_\_\_\_\_  
Date