

**SAGINAW COUNTY FRIEND OF THE COURT**  
**CONSENT ORDER REQUEST FORM**

The Friend of the Court prepares orders for parties who have reached an agreement. Parties who have reached an agreement should fill out this form and return it to: Saginaw County Friend of the Court 111 S. Michigan Ave., Saginaw, MI 48602 or by email [foc@saginawcounty.com](mailto:foc@saginawcounty.com). **Please provide copies of your driver's licenses along with the signed agreement.** The Friend of the Court Staff Attorney may need to contact you to clarify portions of your agreement before preparing an order. Please provide updated contact information.

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

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

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

\_\_\_\_\_

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

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

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

1. Custody                      2. Parenting Time                      3. Child Support                      4. Domicile

If you are requesting a custody/parenting time consent order, please be specific regarding physical and legal custody changes, along with specific parenting times which include holidays/extended breaks. If you are requesting a child support consent order, please specifically set forth 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your agreement includes a change in parenting time or child support, please provide the following (NOTE: you cannot set child support at zero unless you are eligible to opt out of the Friend of the Court or you met other zero support criteria (contact your support specialist). Opt out requests should be sent in a separate correspondence to the Friend of the Court.)

**Plaintiff's Employer:** \_\_\_\_\_  
**Average Weekly Hours:** \_\_\_\_\_  
**Hourly wage:** \$ \_\_\_\_\_  
**Gross Annual Income:** \$ \_\_\_\_\_  
**Annual Child Care Costs:** \$ \_\_\_\_\_  
**Medical Insurance Premium Attributable to the Children** \$ \_\_\_\_\_  
**Number of biological children:** \_\_\_\_\_

**Defendant's Employer:** \_\_\_\_\_  
**Average Weekly Hours:** \_\_\_\_\_  
**Hourly Wage:** \$ \_\_\_\_\_  
**Gross Annual Income:** \$ \_\_\_\_\_  
**Annual Child Care Costs:** \$ \_\_\_\_\_  
**Medical Insurance Premium Attributable to the Children** \$ \_\_\_\_\_  
**Number of biological children:** \_\_\_\_\_

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

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