



Cass County Friend of the Court

Law & Courts Building, 60296 M-62, Suite 3
Cassopolis, MI 49031
Phone: (269) 445-4436/Fax: (269) 445-4435
Email: FOC@cassco.org

RESUMING FRIEND OF THE COURT SERVICES

INSTRUCTIONS

If you want to resume receiving IV-D Services through the office of the Friend of the Court, complete the following steps:

1. Complete the *Request to Reopen Friend of the Court Case and Verified Statement and Application For IV-D Services*.
2. Remember to insert your case/file number in the upper right hand corner of both documents .
3. Look at other Court documents from your case and determine who is the Plaintiff and Defendant in your case. Insert the name and address of each party under the appropriate heading of Plaintiff and Defendant.
4. Enter the date the *Order Exempting Case From Friend of the Court Services* was entered.
5. Date and sign both documents. Remember to check the box on the bottom of the Verified Statement indicating you are requesting support services under Title IV-D of the Social Security Act.
6. Make 2 copies of both documents.
7. Mail 1 copy of both documents to the other party in your case
8. Date and sign the Certificate of Mailing on the original *Request* document on the date you mail the copy to the other party.
9. Mail the originals of both documents to the Cass County Friend of the Court, 60296 M-62 Suite 3, Cassopolis, MI 49031.
10. Retain one copy of both documents for your records.
11. The Friend of the Court will review the documents for completeness and will prepare an Order Resuming Friend of the Court Services.
12. Each party will receive a True Copy of the Order when it is entered.

If you have questions regarding Resuming Friend of the Court services or need assistance completing these forms, please contact an attorney.

STATE OF MICHIGAN 43RD JUDICIAL CIRCUIT COUNTY OF CASS	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO.:
Court Address: 60296 M62, Suite 3, Cassopolis, Michigan 49031		269.445.4436

Plaintiff's name, address and Telephone number:

Defendant's name, address and Telephone number

On _____ an order was entered exempting this case from friend of the court services.

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office. Attached is a completed Verified Statement and Application for IV-D services.

Date

Signature

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this request to the friend of the court and to other party by first class mail addressed to his/her last known address as defined in MCR 3.203.

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		VERIFIED STATEMENT				CASE NO.	
1. Parent's last name			First name		Middle name		2. Any other names by which parent is or has 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. Home telephone no.			16. Work telephone no.		17. Occupation		
18. Business/Employer's name and address						19. Gross weekly income	
20. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
21. Other parent's last name			First name		Middle name		22. Any other names by which parent is or has been known
23. Date of birth			24. Social security number			25. Driver's license number and state	
26. Mailing address and residence address (if different)							
27. E-mail address							
28. Eye color		29. Hair color	30. Height	31. Weight	32. Race	33. Gender	34. Scars, tattoos, etc.
35. Home telephone no.			36. Work telephone no.		37. Occupation		
38. Business/Employer's name and address						39. Gross weekly income	
40. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
41. a. Name and sex of minor child in case		M / F	b. Birth date		c. Age	d. Soc. sec. no.	e. Residential address
42. a. Name and sex of other minor child of either party		M / F	b. Birth date		c. Age	d. Residential address	
43. 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.
44. 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 that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf

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? <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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.



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Things You Should Know When Resuming Friend of the Court Services

1. The parties must cooperate fully with the Friend of the Court in establishing the case as a Friend of the Court case.
2. The parties must provide copies of all orders in their case to the Friend of the Court.
3. The parties must supply any documents that a party to a Friend of the Court case is required to supply if they have not already done so.
4. The Friend of the Court is not responsible for determining any support arrearage that is not indicated by payment made through the Michigan State Disbursement Unit (MiSDU).
5. Support is payable through the MiSDU effective the date the case becomes a Friend of the Court case.
6. The Friend of the Court may prepare and submit, ex parte, a uniform support order that contains all the statutory requirements of a Michigan support order as long as the order does not contradict the existing support order.
7. At the request of the Friend of the Court, the parties shall complete a Verified Statement and Application of IV-D Services.
8. An order entry fee can be assessed.

This information was also previously provided as part of the Order Exempting Case From Friend of the Court Services, as approved by State Court Administrative Office

Court Address: P.O. Box 38, Cassopolis, Michigan 49031

Court Telephone No.: 269.445.4436

Plaintiff's name, address and telephone number:

Defendant's name, address and telephone number

Upon receipt of a written *Request to Reopen Friend of the Court Case* filed by a party in this matter, together with a completed *Verified Statement and Application for IV-D Services*, the Friend of the Court case in this matter is reopened. This is pursuant to MCL 552.505(a)(7), which provides as follows:

(7) If a party to a domestic relations matter for which there is not an open friend of the court case applies for services from the office of the friend of the court or applies for public assistance, the office of the friend of the court shall open or reopen a friend of the court case. If the office of the friend of the court opens or reopens a friend of the court case as required by this subsection, the court shall issue an order in that domestic relations matter that contains the provisions required by this act and by the support and parenting time enforcement act for a friend of the court case.

Complete Friend of the Court services shall resume commencing upon entry of this order. Services shall include, but not be limited to, the resumption of child support payments by immediate income withholding order issued to the employer of the Payer. All payments shall be made through the Michigan State Disbursement Unit (MISDU).

On or after the entry date of this Order, any payment made directly to the Payee shall be considered a gift, and no credit will be issued by the Cass County Friend of the Court for any such direct payment except as ordered by the court upon motion or stipulation.

IT IS SO ORDERED.

Date

Honorable Susan L. Dobrich, P32783
Probate/Family Court Judge

Recommended for Entry:

Carol Montavon Bealor, P57068
Cass County Friend of the Court

Date