



# Cass County Friend of the Court

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“Cass County is an equal opportunity provider and employer”

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## **REQUEST FOR CHILD SUPPORT REVIEW**

Date: \_\_\_\_\_

Name of person requesting review: \_\_\_\_\_

Other party/parent name: \_\_\_\_\_

SSN: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

The Friend of the Court is required to review child support every 36 months. However, pursuant to the 2013 Michigan Child Support Formula Supplement, a substantial change in circumstances may warrant a review of your current support amount sooner if you are experiencing one of the following circumstance.

**1) The payer begins or stops receiving social security benefits.**

- ❖ Office Guideline: When the payer or payee begins or stops receiving social security benefits he or she may be eligible for support review under these rules.
- ❖ Documentation Required: Written proof from the Social Security office indicating that benefits have either started, stopped, or that a reduction of \$50.00 per month has occurred.

**2) A child receives social security benefits based on the support payer’s earnings record, or a reduction occurs in those benefits by \$50 per month or more.**

- ❖ Documentation Required: Written proof from the Social Security Office indicating that benefits have either started, stopped, or that a reduction of \$50.00 per month has occurred.

**3) A health issue affects a party’s ability to earn income for a substantial period (a permanent or long-term disability or injury, a lengthy hospital stay and recuperation, etc.).**

- ❖ Documentation Required: Disability statement from employer and/or physician.

**4) Parent’s income changes by 75 percent or more.**

- ❖ Documentation Required: Pay stubs or other proof of the income change. People who are self-employed may be required to provide additional documentation

**5) A parent receives a call to active military duty likely to last at least six months and result in a significant income reduction.**

- ❖ Documentation Required: a document stating your military status and activation from the armed services.

**6) Significant changes in the medical expenses of a party.**

- ❖ Documentation Required: Medical and/or insurance documentation showing why and how much medical expensed have changed.

**7) Changes in the physical, mental, or educational needs of a child.**

- ❖ Documentation Required: Professional explanation of physical, mental, or education needs by the appropriate physician, mental health professional or educational professional. Additional documentation regarding the changes in costs based on these changes should also be attached.

**8) A significant change in financial circumstances because of a modification of the payer’s other support obligations.**

- ❖ Office Policy: A review may be conducted if the payer has sustained a 25% total increase in child support ordered for all cases.
- ❖ Documentation Required: Most recent orders from others counties contributing to 25% increase in total child support ordered.

**A Non-Custodial or Custodial parent may request a review of support by presenting their information regarding the change(s) on the reverse side of this form. The determination of conducting a support review is at the discretion of the Friend of the Court Office.**

**PLEASE COMPLETE 2<sup>ND</sup> PAGE**

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**Cass County Friend of the Court: Serving and empowering families to make children’s lives better**

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Please indicate which of the above options applies to your case at this time:

1  2  3  4  5  6  7  8

Please explain, in detail why you feel your case should be reviewed. **You must attach supporting documentation** that supports your explanation of the change in circumstances. Please include any other documentation that you feel may be pertinent in considering whether a review is appropriate. Additional information may be requested by the Friend of the Court Office if needed.

Your signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—FOC USE ONLY**

DATE REVIEWED \_\_\_\_\_ DATE OF LAST SUPPORT ORDER \_\_\_\_\_

ELIGIBLE:  Yes  No: \_\_\_\_\_ ONE PARTY LIVES IN STATE OF MI:  Yes  No

Case #: \_\_\_\_\_ /IV-D #: \_\_\_\_\_

Mailed on: \_\_\_\_\_  Income information to both  Denial letter to  Dad  Mom

Rev 5/17