



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

“Cass County is an equal opportunity provider and employer”

REQUEST FOR SUPPORT ENFORCEMENT ACTION

YOUR NAME: _____ CASE #: _____

YOUR ADDRESS: _____

OTHER PARENT'S NAME: _____

OTHER PARENT'S ADDRESS: _____

CHILD(REN)'S NAMES: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (Questions 1 and 2 must be answered.)

1. Did you call the Interactive Voice Response (IVR) 1-877-543-2660? Yes No
2. The IVR had the of last payment date of ____/____/____ and said that the amount of that payment was \$_____.
3. Is the payer (obligor) employed? Yes No Don't Know Self-employed
If employed, provide the name and address of the company:

Name of employer City, State

4. Is child support being deducted from his/her check: Yes No Don't know

Return completed form to: **Cass County FOC, 60296 M-62, Room 3, Cassopolis, MI 49031**

DO NOT WRITE BELOW THIS LINE—FOC USE ONLY

- A. Payments are being received. No action is needed at this point.
- B. A contempt hearing is set for _____. Payee will receive NOH and is encouraged, but not required, to attend.
- Other results of the investigation: _____
- Action needed – if any: _____
- Received by FOC on: _____ Investigator Initials: _____ Date Completed: _____