

STATE OF MICHIGAN 27TH JUDICIAL CIRCUIT NEWAYGO COUNTY Family Division	PAYEE DISMISSAL / DIRECT PAY CREDIT	DOCKET NO:
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Friend of the Court, 1092 Newell Street, PO Box 885, White Cloud, MI 49349

FAX (231) 689-7015 (231) 689-7260

Plaintiff: _____

Third Party: _____

V

Defendant: _____

Date FOC Rec'd

The Payee Dismissal / Direct Pay Credit form may only be used once during the life of a case. The Court reserves the right to reinstate dismissed arrears if believed a client purposely dismissed accounts to qualify for public assistance, or for any other reasons the court deems appropriate.

Child support or other accounts owing to the State of Michigan for times when public assistance was received cannot be dismissed. Therefore, the FOC cannot dismiss any amounts owing in the following accounts without review of unpaid public assistance by the FOC office.

Permanently Assigned (PAA)	Temporary Assigned (TAA)
Conditionally Assigned (CAA)	Medicaid (MEDI)

The FOC will not approve this form if an Order to Show Cause or other activity such as Bench Warrant, License Suspension or Liens are pending.

THE FRIEND OF THE COURT WILL NOT APPROVE THIS FORM IF THERE IS CURRENT PUBLIC ASSISTANCE.

Public Assistance minimally includes Medicaid, Food Stamps, Child Care and full Family Independence Program (FIP).

I, _____, want to dismiss \$ _____ This amount is owed directly to me.
(please print name)

want to dismiss \$ _____ This amount I received as a direct payment.

CHILD SUPPORT	CHILD CARE	MEDICAL	SPOUSAL SUPPORT	OTHER
\$	\$	\$	\$	\$

Signature _____
(Custodial Parent/Non-Obligated Party/Payee)

Date _____

The Custodial Parent/Non-Obligated Party/Payee signature must be notarized for FOC to proceed.

Subscribed and sworn to before me, _____, a notary public, in the
 County of _____, State of Michigan this _____ day of _____, 20 ____.

Notary Signature _____

My Commission Expires _____

FRIEND OF THE COURT USE ONLY

Pending ENF activity Yes No Form Approved Form denied

Comment: _____

Signature/Enforcement Officer _____

Date _____

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this notice to the Plaintiff, Defendant and/or third party by ordinary mail addressed to the last known address. The above credit(s) were applied to account not applied to account (see comment above)

Signature/Enforcement Coordinator _____

Date _____