

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 TELEPHONE (231) 689-7260

Parent Payee: _____

V

Parent Payer: _____

Only one Payee Dismissal / Direct Pay Credit is allowed in the life of the case. Additional credit would require a Motion before the Court.

Third Party Payee (if applicable): _____

Any accounts owing to the State of Michigan for times when public assistance was received cannot be dismissed. Accounts are: Permanently Assigned (PAA) Temporary Assigned (TAA) Conditionally Assigned (CAA) Medicaid (MEDI)

THE FOC 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). Please select option A, B or C below to complete the Payee Dismissal/Direct Pay Credit form.

A	<input type="checkbox"/> PAYEE DISMISSAL	I want to dismiss all <input type="checkbox"/> child support <input type="checkbox"/> child care <input type="checkbox"/> medical <input type="checkbox"/> all owed to me I want the above accts to show a \$0.00 balance as of the date below. Using the signature date below, the FOC will dismiss everything owed to the Parent Payee or Third Party Payee only. State arrearages are not affected.											
B	<input type="checkbox"/> PAYEE DISMISSAL	I want to dismiss \$ _____ This amt is owed directly to me. The amount above may be more than what is owed due to additional payments received or incorrect information. Using the signature date below, the FOC will dismiss only the amount stated above or current amount owed to the Parent Payee or Third Party Payee only. State arrearages are not affected.	Please list specific account amounts below. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="text-align: center;">CHILD SUPPORT</td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">CHILD CARE</td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">MEDICAL</td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">SPOUSAL SUPPORT</td><td style="text-align: center;">\$</td></tr> <tr><td style="text-align: center;">OTHER</td><td style="text-align: center;">\$</td></tr> </table>	CHILD SUPPORT	\$	CHILD CARE	\$	MEDICAL	\$	SPOUSAL SUPPORT	\$	OTHER	\$
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OTHER	\$												
C	<input type="checkbox"/> DIRECT PAY CREDIT	I want to dismiss \$ _____ This amt I received as a direct pmt. The amount above may be more that the amount owing on the FOC records. If so, this adjustment will create a credit on the account. Using the signature date below, the FOC will dismiss the amount listed above as a direct payment to the Parent Payee or Third Party Payee only. State arrearages are not affected.											

Signature (Parent or Third Party Payee) _____

Date _____

<u>FRIEND OF THE COURT USE ONLY</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comment: _____ _____ _____
A credit was given of \$ _____ to the Parent Payee or Third Party Payee account/accounts.	
<u>CERTIFICATE OF MAILING</u>	
I certify that on this date I mailed a copy of this notice to the Parent Payee, Parent Payer and/or Third Party Payee by ordinary mail addressed to the last known address.	
_____ Signature/Enforcement Officer	_____ Date