

**THIRTY-FIFTH JUDICIAL CIRCUIT OF MICHIGAN  
OFFICE OF FRIEND OF THE COURT**

Circuit Court Judge  
**MATTHEW J. STEWART**

**SHIAWASSEE COUNTY  
208 N. SHIAWASSEE  
CORUNNA, MICHIGAN 48817  
PHONE: (989) 743-2397  
Account Information: 1-877-543-2660**

Chief Judge  
**WARD L. CLARKSON**

Family Court Judge  
**THOMAS J. DIGNAN**

Friend of the Court  
**KRISSI S. LAB**

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**REQUEST TO RE-OPEN  
FRIEND OF COURT CASE**

Parties who have opted out of Friend of the Court Services may change their minds. If either party requests services from the Friend of the Court, or receives public assistance, the Friend of the Court may be required to open (re-open) its case.

**PROCEDURE**

Either party at any time may request to re-open their Friend of the Court case by completing and submitting the following forms to the Friend of the Court:

- a. Form FOC 104, Request to Re-Open Friend of the Court case, **AND**
- b. Form FOC 23, Verified Statement, **AND**
- c. Form DHS-1201D, Application for IV-D Services.

A copy of Form 104, Request to Re-Open Friend of the Court Case, must be mailed to the other party's last known address and the original is filed with the Court by the party requesting to re-open. The case will be re-opened once the Friend of the Court receives all three forms. The other party cannot object to the case being opened.

**NOTE:** When parties opt out of Friend of the Court Services, they may have a support order that does not satisfy the statutory requirements. If the court order does not contain a provision that is required by either Friend of the Court Act, the Support and Parenting time Enforcement Act, or court rules, upon opening or reopening a FOC case file, the court must issue an order or amended order that includes the statutory provisions. The Order Exempting Case from Friend of the Court Services provides that these new orders can be entered as ExParte.

Please also note that any dispute about support payments made during the time the case was not a Friend of the Court case must be addressed by filing a motion with the Court since the Friend of the Court has no record or any evidence of the payments made directly between the parties.

**\*\*\*ALL REQUIRED FORMS ARE ATTACHED TO THIS INSTRUCTION SHEET\*\*\***

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**REQUEST TO REOPEN  
FRIEND OF THE COURT CASE**

**CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

**v**

Attorney:

Attorney:

On \_\_\_\_\_ an order was entered exempting this case from friend of the court services.  
Date

**I REQUEST** that the friend of the court case be reopened upon filing this request with the friend of the court office.

I have attached a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# 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?<br><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](http://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.**

|  |                           |                           |
|--|---------------------------|---------------------------|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>VERIFIED STATEMENT</b> | <b>CASE NO. and JUDGE</b> |
|--|---------------------------|---------------------------|

Friend of the court address

Telephone no.

|  |               |                        |  |                        |            |   |  |
|--|---------------|------------------------|--|------------------------|------------|---|--|
| <b>Information about you:</b>  |               |                        |  |                        |            |   |  |
| 1. Last name   |               | First name             |  | Middle name            |            | 2. Any other names by which you have 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. Mobile telephone no.   |               | 16. Home telephone no. |  | 17. Work telephone no. |            | 18. Occupation                                  |  |
| 19. Business/Employer's name and address   |               |                        |  |                        |            | 20. Gross weekly income                         |  |
| 21. Did you apply for or receive public assistance? If yes, please specify kind and case number.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               |                        |  |                        |            |   |  |
| 22. Any other country(ies) of citizenship:   |               |                        | 23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.) |                        |            |   |  |

|  |                |                        |  |                        |            |  |  |
|--|----------------|------------------------|--|------------------------|------------|--|--|
| <b>Information about the other parent in this case:</b>  |                |                        |  |                        |            |  |  |
| 24. Last name  |                | First name             |  | Middle name            |            | 25. Any other names by which parent has been known |  |
| 26. Date of birth  |                |                        | 27. Social security number   |                        |            | 28. Driver's license number and state              |  |
| 29. Mailing address and residence address (if different)   |                |                        |  |                        |            |  |  |
| 30. E-mail address   |                |                        |  |                        |            |  |  |
| 31. Eye color  | 32. Hair color | 33. Height             | 34. Weight   | 35. Race               | 36. Gender | 37. Scars, tattoos, etc.                           |  |
| 38. Mobile telephone no.   |                | 39. Home telephone no. |  | 40. Work telephone no. |            | 41. Occupation                                     |  |
| 42. Business/Employer's name and address   |                |                        |  |                        |            | 43. Gross weekly income                            |  |
| 44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |                |                        |  |                        |            |  |  |
| 45. Any other country(ies) of citizenship:   |                |                        | 46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.) |                        |            |  |  |

| Information about the minor child(ren):   |                          |               |                              |  |                        |
|---|--------------------------|---------------|------------------------------|--|------------------------|
| 47. a. Name and sex of minor child in case  | M/F                      | b. Birth date | c. Age                       | d. Soc. sec. no.                         | e. Residential address |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
| 48. a. Name and sex of other minor child of either party  | M/F                      | b. Birth date | c. Age                       | d. Residential address                   |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
| 49. 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. |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
|   |                          |               |                              |  |                        |
| 50. 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 under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at <https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf>. Or you may request a copy from your local friend of the court office.