

**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

Friend of the Court
KRISSI S. LAB

ACCOUNT ADJUSTMENT FORM

Docket Number: _____ Docket Names: _____

YOU **MUST** SELECT THE **TYPE** AND **AMOUNT** OF ADJUSTMENT

TYPE: REQUEST FOR **DIRECT PAYMENT CREDIT** REQUEST TO **WAIVE (FORGIVE) ARREARS**

AMOUNT TO WAIVE/CREDIT: Child Support \$ _____ Ordinary Medical \$ _____ Child Care \$ _____

I understand the following:

- That I am not under any force, coercion or duress to waive or give direct credit.
- That I am not under the influence of any drugs or alcohol.
- The Friend of the Court will never put these monies back on the account.
- I may only provide a direct pay credit **ONE** time during the lifetime of the case. All other direct pay credits will be deemed a gift.
- **FOC WILL NOT PROCESS THIS FORM WITHOUT A HEARING IF THE ADJUSTMENT AMOUNT EXCEEDS \$5,000.**

The requested adjustment cannot exceed the amount of arrears owed to the recipient of support according to the Friend of the Court records. Adjustments cannot be applied to support due in the current month. Credit cannot be applied against state arrears.

Reason for requesting adjustment (Required): _____

PRINT NAME CLEARLY: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

Date

Signature

Notary Public-State of Michigan
County of Shiawassee
Commission Expires _____

*****This form MUST be notarized if you do not submit it in person to the Friend of the Court Staff. If it is NOT notarized, this form will not be processed by the Friend of the Court. Thank you in advance for your cooperation.**