

STATE OF MICHIGAN 54TH JUDICIAL CIRCUIT TUSCOLA COUNTY	REQUEST FOR SUPPORT REVIEW	CASE NUMBER
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Tuscola County Friend of the Court

440 N State Street, Caro, MI 48723

Phone: (989)673-4848 Fax: (989)673-4898

PLAINTIFF:	DEFENDANT:
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I, _____, am requesting that Friend of the Court review my child
(print your name)
 support obligation for an increase decrease because: _____

(You must provide the reason(s) for asking for an increase/decrease. Failure to provide this information may result in your request being denied).

I am requesting that the following cases be reviewed:

Case number: _____

Case number: _____

Case number: _____

Signature: _____

Date: _____

CONTACT INFORMATION

*Address: _____

City: _____ State: _____ Zip code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

 *If your address is *confidential*, you must complete the section below and provide an *alternative address* where you agree to receive all case related mail and correspondences. The other party *will* be provided with your alternative address for service purposes and correspondences. Also, if you have any other child support cases in Michigan, the alternative address will be used for correspondences and service. If you wish to have your address marked confidential, complete the section below.

(please check this box if applicable) I wish to have my new address marked *confidential*. I understand that I must provide the court with an "alternative address" where I agree to have all of my case related mail sent to. I also understand that my alternative address may be provided to the other party in this case and/or any other child support case I may have, even if that case is not in Tuscola County. My *alternative address* is:

Street Address	City	State	Zip Code
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