STATE OF MICHIGAN 54TH JUDICIAL CIRCUIT TUSCOLA COUNTY FAMILY DIVISION	REQUEST FOR AUDIT	CASE NUMBER

FRIEND OF THE COURT, TUSCOLA CO. COURT HOUSE, 1ST FL., 440 N STATE STREET, CARO, MI 48723
(989) 673-4848 Email: foc@tuscolacounty.org Website: www.tuscolacounty.org

_____ v. _____
Plaintiff Name Defendant Name

I, _____, hereby request an audit of the above case.

FEE FOR AUDIT: $5.00 per year; a partial year will be charged as a whole year. Payment is due prior to the audit being conducted. Payment shall be in the form of cash, money order or certified check.

If the audit results in an increase in the arrearages, my income withholding/payments will automatically be increased pursuant to the Friend of the Court policy.

The dates that need to be included in the audit are:

_____ to _____

Dated: _____

_____
(Signature of Client)

_____
(Street Address)

_____
(City, State, Zip Code)

_____
(Telephone Number)

FOR OFFICE USE ONLY

Comments regarding account:

( ) Administrative/Judicial review _____

( ) Other _____

04/13/11

FAUDIT