

STATE OF MICHIGAN
54TH JUDICIAL CIRCUIT
FAMILY DIVISION
FRIEND OF THE COURT
989-673-4848 Fax: 989-673-4898

WAIVER AND DIRECT PAY
OF SUPPORT PAYMENTS

CASE NO.

Plaintiff's Name, Address and Telephone Number

Defendant's Name, Address and Telephone Number

PLEASE PRINT

Now comes _____ (Payee Name) and states as follows:

I agree to waive \$ _____ of past due support that is owed to me **OR**

I have received the sum of \$ _____ for support from the payer _____.
Payer name.

**CREDIT CANNOT BE GIVEN FOR ANY PERIOD OF TIME PRIOR TO THE
EFFECTIVE DATE OF THE SUPPORT.**

I understand that once the waived amount or direct pay amount is applied to the account, it will no longer be collectable by or through the Friend of the Court Office. I request the Friend of the Court records reflect the above stated credit.

Dated: _____
Payee (signature)

*******THIS FORM MUST BE NOTORIZED*******

Sworn To & Signed Before Me This Date

Notary Public

My commission expires

FCREDIT