

OPT IN PROCEDURE
FOR FRIEND OF THE COURT SERVICES
54TH JUDICIAL CIRCUIT COURT
TUSCOLA COUNTY

MCL 552.505a

REOPENING A CLOSED FRIEND OF THE COURT CASE
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Forms necessary to opt in:	Verified Statement	(FOC 23)
	Request to Reopen FOC Case	(FOC 104)

The original Request to Reopen Friend of the Court case form must be filed with the Tuscola County Clerk, 440 N. State Street, Caro MI 48723.

The original Verified Statement form must be filed with the Friend of the Court.

Upon receipt of its copy of the Request to Reopen the FOC case, the Friend of the Court shall reopen its case. If the request for IV-D services box is "checked", the Friend of the Court will provide all IV-D services and enforcement available.

The Friend of the Court shall reopen the FOC case if a party applies for public assistance.

The Friend of the Court may prepare and submit, ex parte, an order reopening the case and recognizing a uniform support order that contains all of the statutory requirements of a Michigan support order as long as the order does not contradict the existing support order. An order entry fee may be assessed.

NOTICE: The Friend of the Court SHALL NOT be responsible to provide enforcement and collection of unpaid support during the period of the opt out UNLESS the requirements of MCL 552.505a(6) are met.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO.
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Friend of the Court address

Telephone no.

Plaintiff's name and address

v

Defendant's name and address

Attorney:

Attorney:

1. 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 of this request with the friend of the court office. Attached is a completed Verified Statement (form FOC 23).

I request support services under Title IV-D of the Social Security Act.

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 other party and his or her attorney by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT AND APPLICATION FOR IV-D SERVICES	CASE NO.
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1. Mother's last name			First name		Middle name		2. Any other names by which mother is or has 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. Eye color		8. Hair color		9. Height		10. Weight		11. Race		12. Scars, tattoos, etc.	
13. Home telephone no.			14. Work telephone no.			15. Maiden name			16. Occupation		
17. Business/Employer's name and address								18. Gross weekly income			
19. Has mother applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								20. DHS case number			
21. Father's last name			First name		Middle name		22. Any other names by which father is or has been known				
23. Date of birth			24. Social security number				25. Driver's license number and state				
26. Mailing address and residence address (if different)											
27. Eye color		28. Hair color		29. Height		30. Weight		31. Race		32. Scars, tattoos, etc.	
33. Home telephone no.			34. Work telephone no.			35. Occupation					
36. Business/Employer's name and address								37. Gross weekly income			
38. Has father applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								39. DHS case number			
40. a. Name of Minor Child Involved in Case			b. Birth Date	c. Age	d. Soc. Sec. No.		e. Residential Address				
41. a. Name of Other Minor Child of Either Party			b. Birth Date	c. Age	d. Residential Address						
42. 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 No.		
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case											

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change.

I request support services under Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge, and belief.