

STATE OF MICHIGAN
54TH JUDICIAL CIRCUIT
FAMILY DIVISION

WAIVER AND DIRECT PAY
OF SUPPORT PAYMENTS

CASE NUMBER _____

Friend of the Court, 440 N. State Street, Caro MI 48723

telephone: 989-673-4848 fax: 989-673-4898

Plaintiff's Name, Address and Telephone Number

Defendant's Name, Address and Telephone Number

Please Print

Now comes _____, the payee in the above matter and states as follows:
(Your name)

Choose only ONE box:

[] I agree to waive \$_____ of the past due support that is owed to me.

[] I have received the sum of \$_____ for support directly from the payer, _____.
(Name of payer)

NOTE: 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 collected by or through the Friend of the Court office. I request the Friend of the Court records to reflect the above stated credit.

Date: _____
Payee Signature/Your Signature

If the payee's signature is verified by a Friend of the Court representative, the credit will be applied as soon as possible. If the payee's signature is not verified by a Friend of the Court representative, a Notice of Intent to Credit Account will be sent under a 21 day notice and the account will not be credited until the 21 day time frame is up.

OFFICE USE ONLY

() Signature verified () Verified by _____
Initials Date