

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. DIRECT PAY CREDIT AND WAIVER ARE ONLY ALLOWED ONCE.

I request the Friend of the Court records to reflect the above stated credit, and I understand that I cannot collect the amount later. I can only waive that which is owed to me, and I have no authority to waive arrearage owing to the State of Michigan, another agency, or a third party. If the above amount is greater than what is owed to me, I agree that only the lesser amount will be waived.

**YOU MUST INCLUDE A COPY OF YOUR ID WITH THIS FORM.
SUPPORT WILL NOT BE WAIVED WITHOUT PROPER ID.**

Date

Signature of Payee

***_**_

Social Security Number (last four numbers)

APPROVED BY:

Friend of the Court Staff

Date