

**TUSCOLA COUNTY FRIEND OF THE COURT  
54<sup>TH</sup> JUDICIAL CIRCUIT COURT**

---

---

**REOPENING A FRIEND OF THE COURT CASE**

\*\*\*\*\*

- ❖ The following documents must be completed to begin the process of reopening a closed Friend of the Court (FOC) case:
  - **Request to Reopen Friend of the Court Case** (Form: FOC 104)
  - **Verified Statement** (Form: FOC 23)
  - **Application for IV-D Child Support Services** (Form: DHS 1201D)
  
- ❖ Steps for reopening a closed FOC case:
  - 1.) Complete the *Request to Reopen Friend of the Court Case* form and file it with the Tuscola County Clerk, 440 N. State Street, Caro MI 48723.
  
  - 2.) Complete the *Verified Statement* form and the *Application for IV-D Child Support Services* and return them to Friend of the Court.
  
- ❖ Upon completion of the above steps, the court will enter an order reopening the case and FOC will immediately begin enforcing the terms of the order. Note that FOC will not enforce past due support during the period of time that parties opted out of FOC services unless specifically ordered to do so by the court or otherwise required by law.
  
- ❖ If you have any questions about the process, you may contact Friend of the Court at 989-673-4848.

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**REQUEST TO REOPEN  
FRIEND OF THE COURT CASE**

**CASE NO.**

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

**v**

Attorney:

Attorney:

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 this request with the friend of the court office.

I have attached a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D).

\_\_\_\_\_  
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 parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>		<b>VERIFIED STATEMENT</b>				<b>CASE NO.</b>	
1. Parent's last name			First name		Middle name		2. Any other names by which parent 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. E-mail address							
8. Eye color		9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.
15. Home telephone no.		16. Work telephone no.		17. Occupation			
18. Business/Employer's name and address						19. Gross weekly income	
20. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
21. Other parent's last name			First name		Middle name		22. Any other names by which parent 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. E-mail address							
28. Eye color		29. Hair color	30. Height	31. Weight	32. Race	33. Gender	34. Scars, tattoos, etc.
35. Home telephone no.		36. Work telephone no.		37. Occupation			
38. Business/Employer's name and address						39. Gross weekly income	
40. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
41. a. Name and sex of minor child in case		M / F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address	
42. a. Name and sex of other minor child of either party		M / F	b. Birth date	c. Age	d. Residential address		
43. 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/Group no.	
44. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.							

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or [courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf](http://courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf)

# APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan  
Friend of the Court

FOR OFFICE USE ONLY		
App Request Date	App Returned Date	IV-D Case Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

**AUTHORITY:** 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)	Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
What is your relationship to the child(ren) for whom you are applying for child support services? <input type="checkbox"/> Mother <input type="checkbox"/> Father	

## A. Mother's Information

Mother's Name (First, Middle, Last)	Mother's Social Security Number
Mother's Mailing Address (Street, City, State, Zip Code)	Mother's Telephone Number

## B. Father's Information

Father's Name (First, Middle, Last, Suffix)	Father's Social Security Number
Father's Mailing Address (Street, City, State, Zip Code)	Father's Telephone Number

## C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

Yes       No

## D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

Yes (Check one if different than 25%)      10%      50%

No, please contact me before you try to recover an amount from my support payments.

## E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents*, at [www.michigan.gov/childsupport](http://www.michigan.gov/childsupport) in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

\_\_\_\_\_  
Applicant or Attorney of Record Signature (Signature is required)      Applicant or Attorney of Record Printed Name      Date

If signed by an attorney, (s)he is acting on behalf of \_\_\_\_\_  
Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**Return this completed application to your local Friend of the Court Office.**