

SHIAWASSEE COUNTY
FRIEND OF THE COURT
208 N SHIAWASSEE ST
CORUNNA MI 48817
(989)743-2397

ACCOUNT ADJUSTMENT FORM

Docket Number: _____

Docket Names: _____

YOU **MUST** SELECT THE **TYPE** AND **AMOUNT** OF ADJUSTMENT

REQUEST FOR **DIRECT PAYMENT CREDIT** _____

REQUEST TO **WAIVE (FORGIVE) ARREARS** _____

Child Support Amount \$ _____

Ordinary Medical Amount \$ _____ Child Care Amount \$ _____

I understand the following:

- That I am not under any force, coercion or duress to waive or give direct credit.
- That I am not under the influence of any drugs or alcohol.
- The Friend of the Court will never put these monies back on the account.
- I may only provide a direct pay credit **ONE** time during the lifetime of the case. All other direct pay credits will be deemed a gift.
- **FOC WILL NOT PROCESS ANY SPOUSAL SUPPORT ADJUSTMENTS FROM THIS FORM.**
- **FOC WILL NOT PROCESS THIS FORM WITHOUT A HEARING IF THE ADJUSTMENT AMOUNT EXCEEDS \$5,000.**

The requested adjustment cannot exceed the amount of arrears owed to the recipient of support according to the Friend of the Court records. Adjustments cannot be applied to support due in the current month. Credit cannot be applied against state arrears.

Reason for requesting an account adjustment: _____

Date

Signature

PLEASE PRINT NAME CLEARLY: _____

PLEASE PROVIDE CURRENT PHONE NUMBER: _____

Notary Public-State of Michigan
County of Shiawassee
Commission Expires _____

***This form **MUST** be notarized if you do not submit it in person to the Friend of the Court Staff. If it is **NOT** notarized, this form will not be processed by the Friend of the Court. Thank you in advance for your cooperation.