

**SHIAWASSEE COUNTY  
FRIEND OF THE COURT  
Complaint Form**

Date: \_\_\_\_\_

File No: \_\_\_\_\_

Name of Ex-Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person making the Complaint: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

I request child support services under title IV-O of the Social Security Act. I understand that I must cooperate in taking action to ensure that my child support case remains open.