

**SHIAWASSEE COUNTY FRIEND OF THE COURT
SPECIFIC PAYMENT PER OBLIGOR'S REQUEST**

Obligor Name: _____ **Date:** _____

Obligor Social Security Number: _____

1. I request that \$ _____ **be applied to case number:** _____.

Other Party's Name on the Case: _____

Please Specify account type (optional): _____

Obligor Signature: _____

2. I request that \$ _____ **be applied to case number:** _____.

Other Party's Name on the Case: _____

Please Specify account type (optional): _____

Obligor Signature: _____

3. I request that \$ _____ **be applied to case number:** _____.

Other Party's Name on the Case: _____

Please Specify account type (optional): _____

Obligor Signature: _____

4. I request that \$ _____ **be applied to case number:** _____.

Other Party's Name on the Case: _____

Please Specify account type (optional): _____

Obligor Signature: _____

**NO PERSONAL CHECKS- CASH, MONEY ORDER OR CASHIER'S CHECK ACCEPTED
IF PAYING BY MONEY ORDER OR CASHIER'S CHECK, MAKE PAYABLE TO:
SHIAWASSEE COUNTY FRIEND OF THE COURT**

**MAIL PAYMENT TO:
Shiawassee County Friend of the Court
208 N. Shiawassee St
Corunna Mi 48817**