

### **Instructions to Reopen Closed Friend of the Court Case**

In order to reopen a previously closed Friend of the Court case, you will need to mail or bring into the office the following:

1. A written request to reopen your Friend of the Court case.
2. A completed and signed Application for IV-D child support services and Friend of the Court Case Questionnaire. Even though you may have previously completed these forms, because your case was closed, you must do so again. It is important that you provide correct names, addresses, phone numbers and employment information for both you and your co-parent. (These Documents can be found under the forms tab of this website)
3. A copy of your Judgment of Divorce (divorce cases) or Order for Custody, Support and Parenting Time (paternity and family support act cases) **and** any court orders that have been entered subsequent to that which address custody, support or parenting time.
4. If the children have insurance coverage, copies of medical cards or other documentation for medical/dental coverage.
5. Copies of current picture driver's license or other picture identification and social security card.

Once this information has been received, a Friend of the Court case file will be opened, a case manager will be assigned and an order re-opening the case will be prepared and submitted to the Court for entry

|  |   |                 |
|--|---|-----------------|
| <b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b> | <b>REQUEST TO REOPEN<br/>FRIEND OF THE COURT CASE</b> | <b>CASE NO.</b> |
|--|---|-----------------|

Court address

Court telephone no.

Plaintiff's name, address and telephone no.

Defendant's name, address and telephone no.

Attorney:

Attorney:

1. 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

# 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.) |
| What is your relationship to the child(ren) for whom you are applying for child support services?<br><input type="checkbox"/> Mother <input type="checkbox"/> Father | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both  |

## 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.**

Attach your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to date earnings, and a copy of your last 2 federal tax returns, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

Friend of the Court Address: 328 Washington Street, Ste 200, Traverse City MI 49684 Telephone No. 231-922-4660

Plaintiff name Defendant name

**GENERAL INFORMATION**

Your full name Date of birth Place of birth: city & state

Address City State Zip

Mailing Address (if different) City State Zip

Social Security Drivers License Number

Work Telephone Home Telephone Cell Telephone

Sex Eye color Hair color Height Weight Race Scars, tattoos, etc.

Are you a member of a Native American Tribe?  Yes  No If yes, which tribe? \_\_\_\_\_

Are you or the other parent In this case pregnant?  Yes  No If yes, complete a & b  
 a. When is the due date: b. Are the parties in this case the biological parents of the expected child?  Yes  No

| Names of all your dependent children | Birth date | Social Security No. | Sex | Address |
|--------------------------------------|------------|---------------------|-----|---------|
|                                      |            |                     |     |         |
|                                      |            |                     |     |         |
|                                      |            |                     |     |         |

| School(s) and grade attended for each child | School | Grade | Expected Graduation Date |
|---|--------|-------|--------------------------|
| Child Name                                  |        |       |                          |
|   |        |       |                          |
|   |        |       |                          |

Do any of the children have physical or mental handicaps?  Yes  No If yes, what?

Directions to the home where the minor children in this case reside:

Are you now, or have you ever been arrested, in prison or on probation?  Yes  No  
 Ever had a drug or alcohol problem?  Yes  NO  
 Type of Drug Any Treatments Date Place of treatment  
 Yes  No  Yes  No

With whom are you presently living?

Do you have a mental or physical handicap That may limit your ability to work?  Yes  No If yes, describe mental/physical condition.

Your father's full name Your mother's full name

Your Brothers and Sisters:

| Name:    | Name:    | Name:    |
|----------|----------|----------|
|          |          |          |
| Address: | Address: | Address: |
|          |          |          |
| Phone:   | Phone:   | Phone:   |
|          |          |          |

**FRIEND OF THE COURT  
CASE NO:  
CASE QUESTIONNAIRE  
PAGE 2**

|                               |   |  |  |
|-------------------------------|---|--|--|
| <b>EMPLOYMENT INFORMATION</b> | CHECK YOUR INCOME TAX FILING STATUS:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> HEAD OF HOUSEHOLD      NO. OF DEPENDANTS CLAIMED: _____ |  |  |
|-------------------------------|---|--|--|

|                 |  |
|-----------------|--|
| Your occupation | Your employer (if unemployed, name of last employer) |
|-----------------|--|

|                    |      |       |     |            |
|--------------------|------|-------|-----|------------|
| Employer=s address | City | State | Zip | Date hired |
|--------------------|------|-------|-----|------------|

|   |   |   |  |
|---|---|---|--|
| Gross earnings per pay period (earnings before taxes)<br>\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice/Month <input type="checkbox"/> Monthly | Hourly pay rate(including shift premium and COLA)<br>\$ | Total regular hours worked per pay period | Avg. overtime hours for past 12 months |
|---|---|---|--|

|                         |          |
|-------------------------|----------|
| Second job - occupation | Employer |
|-------------------------|----------|

|                    |      |       |     |            |
|--------------------|------|-------|-----|------------|
| Employer=s address | City | State | Zip | Date Hired |
|--------------------|------|-------|-----|------------|

|   |                 |   |
|---|-----------------|---|
| Gross earnings per pay period (earnings before taxes)<br>\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Every other Week <input type="checkbox"/> Twice/Month <input type="checkbox"/> Monthly | Hourly pay rate | Total regular hours worked per pay period |
|---|-----------------|---|

**EDUCATIONAL BACKGROUND** (check one)

Less than High School    High School Graduate    Trade School Graduate    Associates Degree    Bachelor's Degree    Graduate Degree

**WORK HISTORY – List last two jobs, including self-employment**

|                  |               |  |
|------------------|---------------|--|
| Name of employer | Position Held | Dates Worked<br>From                      To |
|------------------|---------------|--|

|                    |      |       |     |             |
|--------------------|------|-------|-----|-------------|
| Employer's address | City | State | Zip | Hourly wage |
|--------------------|------|-------|-----|-------------|

|  |                    |
|--|--------------------|
| Hours worked<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time hours per week | Reason for leaving |
|--|--------------------|

|                  |               |  |
|------------------|---------------|--|
| Name of employer | Position Held | Dates Worked<br>From                      To |
|------------------|---------------|--|

|                    |      |       |     |             |
|--------------------|------|-------|-----|-------------|
| Employer's address | City | State | Zip | Hourly Wage |
|--------------------|------|-------|-----|-------------|

|  |                    |
|--|--------------------|
| Hours worked<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time hours per week | Reason for leaving |
|--|--------------------|

**INCOME INFORMATION – List Monthly income from all sources**

|   |  |  |   |
|---|--|--|---|
| FIP/Grant                      \$       | Workers compensation   \$                      | Rental Property Income   \$                                | Commissions/Bonuses/Profit Sharing/Interest/Dividends                      \$ |
| Food Stamps                      \$     | Unemployment benefits   \$                     | V.A. Benefits                      \$                      | Deferred Compensation/IRA                      \$                             |
| Child Care Benefits              \$     | Retirement/<br>Social Security benefits   \$   | G.I. Benefits                      \$                      | Trust Funds                      \$   |
| Social Security Disability (SSD)   \$   | Sick Pay Benefits              \$              | National Guard /<br>Res. Drill Pay                      \$ | Pensions/Longevity/<br>Retirement                      \$                     |
| Supplemental Security Income (SSI)   \$ | Strike Pay/<br>SUB Pay                      \$ | Armed Services Paid Allowances                      \$     | Other Income/ Source:<br>\$                      /                            |

Do any of the children receive payments from the Social Security Administration?    Yes    No

| Child=s name | Amount (Monthly) | Type of benefit-check one<br>SSI      Dependent Benefit | Source of dependent benefit<br>(Mother, father, stepparent) |
|--------------|------------------|---|---|
|              |                  |   |   |
|              |                  |   |   |
|              |                  |   |   |
|              |                  |   |   |

**FRIEND OF THE COURT  
CASE NO:  
CASE QUESTIONNAIRE  
PAGE 3**

**OTHER CASES IN WHICH YOU ARE INVOLVED**

Do you have any other cases involving minor children?     Yes, as payer     Yes, as recipient     No

If yes, complete sections below

|                |                 |          |                      |
|----------------|-----------------|----------|----------------------|
| No of children | Amount of order | Case No. | City, County & State |
|----------------|-----------------|----------|----------------------|

Do you pay or receive spousal support?     Yes, as payer     Yes, as recipient     No    If so, how much?

**EXPENSES – per week or month**

|                    |    |                |    |
|--------------------|----|----------------|----|
| Rent/House Payment | \$ | Transportation | \$ |
| Food               | \$ | Clothing       | \$ |
| Heat               | \$ | Insurance      | \$ |
| Electricity        | \$ | Entertainment  | \$ |
| Telephone          | \$ | Misc.          | \$ |

**LIABILITIES**

Total amount owed and to whom (home, car, credit cards, doctors, hospital, etc.). Amount of Weekly/monthly payments, who is paying:

| To Whom Owed | Who's Paying | Total Owed | Payments | Per (wk/mo) |
|--------------|--------------|------------|----------|-------------|
|              |              | \$         | \$       |             |
|              |              | \$         | \$       |             |
|              |              | \$         | \$       |             |
|              |              | \$         | \$       |             |
|              |              | \$         | \$       |             |

**BANKRUPTCY INFORMATION**

Have you ever claimed bankruptcy?     Yes     No    If yes, when:    Chapter:

**CHILD CARE INFORMATION**

Do you have child care expenses for the minor children (under 12) in this domestic relations case during any time of the year?     Yes     No

If yes, please complete the child care verification form.

Check the reason(s) why you need childcare :

- Work related
- Looking for employment
- Enrolled in educational program to improve employment opportunities

If your reason for child care is educational related, provide the following information:

|                                 |                                 |
|---------------------------------|---------------------------------|
| Name of educational institution | Total classroom hours per week. |
|                                 |                                 |

**FRIEND OF THE COURT  
CASE NO.  
CASE QUESTIONNAIRE  
PAGE 4**

**HEALTH CARE INFORMATION – PLEASE PROVIDE A COPY OF THE CHILDREN’S HEALTH INSURANCE CARD**

Medical Insurance Company Name \_\_\_\_\_

Dental Insurance Company Name \_\_\_\_\_

Optical Insurance Company Name \_\_\_\_\_

|  |   |
|--|---|
| What dependant coverage is available to you without cost?<br><input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical | What is your cost per pay period for the following coverage<br><input type="checkbox"/> Medical \$ _____ <input type="checkbox"/> Dental \$ _____ <input type="checkbox"/> Optical \$ _____ |
|--|---|

Name of Policy Holder: \_\_\_\_\_

How many people are covered by this insurance: \_\_\_\_\_

**INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)**

|           |               |                 |      |       |
|-----------|---------------|-----------------|------|-------|
| Full Name | Date of Birth | Place of Birth: | City | State |
|-----------|---------------|-----------------|------|-------|

|         |      |       |     |                |
|---------|------|-------|-----|----------------|
| Address | City | State | Zip | Home telephone |
|---------|------|-------|-----|----------------|

|                        |                        |                |                |  |
|------------------------|------------------------|----------------|----------------|--|
| Social Security Number | Drivers License Number | Work Telephone | Cell Telephone | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|------------------------|------------------------|----------------|----------------|--|

|           |            |        |        |      |                     |
|-----------|------------|--------|--------|------|---------------------|
| Eye Color | Hair Color | Height | Weight | Race | Scars, Tattoos, etc |
|-----------|------------|--------|--------|------|---------------------|

|            |                            |
|------------|----------------------------|
| Occupation | Name & Address of Employer |
|------------|----------------------------|

|                    |                           |
|--------------------|---------------------------|
| Father's Full Name | Mother's Full Maiden Name |
|--------------------|---------------------------|

Does your co-parent have other minor children?    Yes    No

If so, how many? \_\_\_\_\_

I hereby request child support services under the child support enforcement program of Title IV-D of the Social Security Act. I understand that any information provided to me or on my behalf is to be used only for the purpose of establishing paternity or securing child support.

**I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.**

|      |           |
|------|-----------|
| Date | Signature |
|------|-----------|

- REMINDER LIST:**
- Have you signed this questionnaire?**
  - Have you attached your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?**
  - Have you attached a copy of your last federal income tax returns, including all schedules? If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.**
  - Have you enclosed a completed Child Care Verification form?**

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. RETURN THE ORIGINAL TO THE FRIEND OF THE COURT OFFICE.**