

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

ORDER DISCHARGING ARREARS

CASE NO.

Court address

Telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Attorney:

Attorney:

1. Date of hearing: _____ Judge/Referee: _____ Bar no. _____

THE COURT FINDS:

2. The payer, _____, requested this court to enter an order for payment plan under
MCL 552.605e. An order for payment plan was entered on _____ .
Name Date

3. The payer provided notice of this hearing to the other party and his/her attorney and other interested persons.

4. The payer did did not appear.

5. The payer complied substantially complied did not comply with the order for payment plan.

6. Other: _____

IT IS ORDERED:

7. The payer's arrears are discharged.

8. The payer's arrears remain as currently reflected by the records of the friend of the court in this case with no adjustment.

9. Other: _____

Date

Judge

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties or their attorneys and other interested persons by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date

Signature