

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE TO WITHHOLD INCOME FOR FEES AND COSTS <input type="checkbox"/> Original <input type="checkbox"/> Modified	CASE NO. and JUDGE
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Friend of the court address

Telephone no.

Payer's name and address

Payer's social security number

 Source of income name and address
 PAYROLL DEPARTMENT: CONFIDENTIAL

 From money otherwise paid to the payer, withhold
 the following amount and send it to the address
 listed in item 2:

 \$ _____ for fees, fines, costs and
 sanctions. This withholding is not for child or spousal
 support and is in addition to any withholdings
 ordered for support.

1. An order to withhold the payer's income for fees, fines, costs, and sanctions in this case has been entered.
2. **DO NOT SEND THESE PAYMENTS TO THE MICHIGAN STATE DISBURSEMENT UNIT (MiSDU).** Remit payments to the ☐ Friend of the court ☐ Circuit court clerk at the following address:
3. If you cannot remit the entire amount from one paycheck, withhold up to the limits in item 7 until the entire amount is paid in full.
4. Withholdings for child, medical, or spousal support sent to MiSDU, or for health-insurance premiums take precedence over this notice.
5. You must start withholding within 7 days after receiving this notice. This notice expires after you have sent the entire amount identified above. You may be held in contempt and have to pay fines plus the amounts you should have withheld and any other penalties set by state law if you knowingly and intentionally fail to comply with this notice.
6. Any money you withhold reduces the amount you would otherwise have to pay the payer.
7. If there is more than one withholding against a payer, you must withhold for all of them, up to certain limits. Withholding for this notice cannot reduce the payer's income by more than 25 percent under the Federal Consumer Protection Act, 15 USC 1673(a). If the state of the payer's principal place of employment requires a smaller amount, withhold only to that limit. You may contact the friend of the court office identified above for assistance in withholding and sending the correct amount.
8. If you are concerned about the validity of this notice, contact the friend of the court office identified above.
9. You can combine withheld amounts for more than one payer in a single payment. You must identify the amount withheld for each payer and the payer's social security number, case number, and date withheld.
10. It is illegal to refuse to employ, discharge, take disciplinary action against, or impose a penalty against a payer because of this withholding. If you do, you may be required to make full restitution, including reinstatement and back pay. You cannot charge a fee to the payer for withholding income pursuant to this notice.
11. You must notify the friend of the court office if you no longer pay the payer income before this notice has been paid in full, and provide the payer's last-known address and the name and address of the payer's new employer, if known.

CERTIFICATE OF MAILING

I served a copy of this notice on the source of income and the payer by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date	Signature
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Approved, SCAO
 Form FOC 119, Rev. 6/22
 MCL 552.509, MCL 552.609, MCL 552.611, MCL 552.611a, MCL 552.612,
 MCL 552.613, MCL 552.614, MCL 552.623
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Distribute form to:
 Source of income
 Friend of the court
 Payer