

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DETERMINATION ON ARREARAGE	CASE NO.
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Friend of the court address FAX no. Telephone no.

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

TO: _____
Payer

(This notice is for the payer. A copy is sent to the payee for his/her information only.)

1. Date of review: _____

Officer: _____

2. A notice of arrearage was sent to the payer on _____

_____ Date

- 3. A review was requested by the payer named in the above address to object to
 - perfection of a lien.
 - reporting of support information to a consumer reporting agency.
 - submission for tax refund offset.
- 4. The payer failed to appear at the hearing and the allegations of the notice are adopted.
- 5. The hearing is adjourned to _____ for the following reason(s):
Date
- 6. The person objecting to the support enforcement action is not the person ordered to pay support in this case. The friend of the court will take appropriate action to terminate the enforcement action.
- 7. The arrears reflected in the records of the friend of the court are correct.
 - a. Enforcement will proceed as indicated in the notice to the payer.
 - b. Other:
- 8. The arrears reflected in the records of the friend of the court are incorrect. The correct amount is \$_____ as of _____ Date
 - a. The corrected arrears meet the criteria for
 - perfecting a lien.
 - consumer reporting.
 - tax refund offset.
 - The friend of the court will report the corrected arrears to the appropriate agency.
 - Enforcement will be modified as follows:
 - b. The corrected arrears do not meet the criteria for the indicated enforcement action. The friend of the court will take appropriate action to terminate the enforcement action.
- 9. Other:

Date

Signature

CERTIFICATE OF MAILING

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

Date

Signature