	Approved, SCAO		2nd copy - Defendant 3rd copy - For return (Request)		
STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		NOTICE OF PR LICENSE SUSPE REQUEST FOR	NSION AND	CASE NO.	
Fri	end of the court address		Fax no.	Telephone no.	
	Plaintiff's name, address, and te	Plaintiff's name, address, and telephone no.		<b>TO THE PAYER:</b> 1. Date of mailing:	
			2. The friend	l of the court office has reviewed your letermined there is an arrearage of:	
	Defendant's name, address, and	d telephone no payer			
	or sporting licenses may be subject A suspension order or notice will be a. pay the arrearages in full within	ct to a suspension order. be sent to the licensing agency <b>21 days</b> , or	v unless you	Iriver's, occupational, recreational, and/	
5.	<ul> <li>b. request a hearing on the proposed suspension within 21 days after the date this notice is mailed. See Request for Hearing below.</li> <li>5. If you request a hearing, you may <ul> <li>a. object to the proposed suspension based on a mistake of fact about your identity as the payer or the amount of arrearage and you can show that the arrearages are less than two months' worth of the current support amount.</li> <li>b. ask the court to order a schedule for payment of arrearage.</li> <li>c. request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.</li> </ul> </li> </ul>				
6.	. If you believe the support amount should be modified because of a change in circumstances, you may: (1) file with the court a motion to modify the support order, and (2) request a hearing on the proposed suspension within 21 days after the date this notice is mailed.				
7.	. Once an order of suspension is entered and sent to a licensing agency, you will be responsible for paying all fees and charges imposed by that agency for reinstatement of the license.				
8.	If you wish to request a hearing on the proposed suspension, complete the Request for Hearing below and return a copy of this form to the above friend of the court address. If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).				
FI	RIEND OF THE COURT	REQUESTFOR	HEARING		

- I request a hearing on the proposed license suspension (Check the reasons that apply.)
   a. because there is a mistake of fact about my identity as the payer.
   b. because there is a mistake of fact about the amount of arrearage and I can show that arrearages are less than two months' worth of the current support amount.

  - c. to ask the court to order a schedule for payment of the arrearage.
     d. to request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.

Signature of payer

Original - Friend of the court

1st copy - Plaintiff