

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF LIEN	CASE NO. and JUDGE (Claimant's Case Number)
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Friend of the court address Telephone no.

**TO:** Lien recorder

Plaintiff's name, address, and telephone no.  obligor

Obligor's date of birth

**v**  
Defendant's name, address, and telephone no.  obligor

**FROM:** Friend of the Court - Claimant (address above)

This lien results from a support order  entered  registered on \_\_\_\_\_ by the  
Date  
 \_\_\_\_\_ Circuit Court, \_\_\_\_\_ County, Michigan. This order requires the obligor  
 named above to pay support in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_.

As of \_\_\_\_\_ the obligor owes unpaid support in the amount of \$ \_\_\_\_\_ and this lien amount is  
 subject to an interest rate of \_\_\_\_ %. Michigan support orders accrue a surcharge as defined in MCL 552.603a. Prospective  
 amounts of support, not paid when due, are judgments and accrue to the lien amount. This lien attaches to all nonexempt  
 real and personal property of the obligor named above that is located or recorded within the state/county/other subdivision  
 of the state of filing, including any property specifically described as follows:

The priority and enforcement aspects of this lien are governed by the law of the state where the property is located. An  
 obligor must follow the laws and procedures of the state where the property is located or recorded to contest or challenge  
 this lien. This lien remains in effect until released by the claimant or in accordance with the laws of the state of filing.

**Note to Lien Recorder:** Please provide the claimant with a copy of the filed lien, containing the recording information, at the address above. As an authorized agent of a state, or subdivision of a state, responsible for implementing the support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 USC 651 *et seq.*), I have authority to file this support lien in any state or U.S. Territory.

For other information regarding this lien, including payoff amount, contact the claimant at the above address. Please reference the above case number.

\_\_\_\_\_  
Signature of friend of the court authorized representative

\_\_\_\_\_  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_ .

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_ .  Acting in the County of \_\_\_\_\_ .

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

Date served on lien recorder: \_\_\_\_\_