

Return Service Requested

Member ID: 9876543210
 Docket County: 56789
 Docket #: 3210654987DS

Case Summary

Total Support Obligation: \$135.79
 Total Arrears Amount: \$9,753.21
 Balance as of: 08/04/2020

1-1 MICoup_080420.1/1



JOSEPH M JAMESTOWN
 CENTERWOOD APARTMENTS
 123 CENTERVILLE RD APT 654
 LANSING MI 48909-1234

PLEASE PAY THE AMOUNT STATED IN YOUR COURT ORDER OR AS DIRECTED BY FRIEND OF THE COURT FOR CURRENT SUPPORT, FEES, OR ADDITIONAL AMOUNT FOR PAYMENT ON ARREARS.



Coupon instructions are on the back of this form



Michigan State Disbursement Unit
 Name: JOSEPH M JAMESTOWN
 Member ID: 9876543210
 Docket County: 56789
 Docket #: 3210654987DS

DHS-1259 (Rev. 11/20)

WEEKLY COUPON

Use these coupons to send FOUR payments per month



AMOUNT ENCLOSED: \$

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Mail payment to:

**MICHIGAN SDU
 PO BOX 30351
 LANSING MI 48909-7851**



Change of Address

Include this coupon with your payment. DO NOT fold or staple. Please record your Docket Number on the check.

Any support payment without the correct identifying data could get posted to the wrong account. You remain responsible for any posting errors if your payment does not include correct identifying data.

Please note if the bank or other depository upon which your check has been drawn, returns your check for "non-sufficient funds", it may be presented again electronically for clearance through the ACH network.

Payment Stub
 Payment Amount \$ _____
 Payment Date: _____
 Check Number: _____
 Please detach this stub and retain for your records.



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INSTRUCTIONS

1. Send a signed check or money order made payable to MISDU.
2. Please use the attached coupons to submit your payment.
 - * **TO MAKE ONE MONTHLY PAYMENT**, use the coupon marked "Monthly."
 - * **TO MAKE FOUR WEEKLY PAYMENTS**, use the four coupons marked "Weekly."
3. On each coupon print the amount paid in the box labeled **"AMOUNT ENCLOSED."**
4. **DO NOT SEND CASH or CORRESPONDENCE with these coupons.**
5. If the address is not correct, "X" the "Change of Address" box and write the correct address in the space provided on the back of the coupon.

Your total support obligation for this period is payable in advance on the first day of the month.

If you have any questions regarding this coupon please call your local Friend of the Court office and select option 4 on the Automated Voice Response system.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Go paperless with MiChildSupport!
Get account statements and billing coupons, view case activity, and pay your child support online.
www.michigan.gov/MiChildSupport

This information must be provided for a change of mailing address to occur.

Note:
This change of address form will not be used to change your "legal" address with the court. You must submit a separate written request directly to the Friend of the Court office to change your legal address with the court.

Name: JOSEPH M JAMESTOWN Phone: _____

New Address: _____

Signature _____ Date: ____/____/____

Please place an "X" in the change of address box on the front of this coupon if you are submitting a change of address.

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DHS-1259 (Rev. 11/20)

MONTHLY COUPON

Use this coupon to send ONE payment per month



AMOUNT ENCLOSED: \$

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New Address: _____

Signature _____ Date: ____/____/____

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New Address: _____

Signature _____ Date: ____/____/____

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