

NOTICE OF LIEN

The information on this form may be disclosed as authorized by law.

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To: (Recorder or Asset Holder Name and Address)

BANK OF MICHIGAN
123 MICHIGAN AVE
MICHIGAN CITY, MI 49999

File Stamp

Obligor: **Legal Name** (first, middle, last, suffix) JOHN JAMES DOE SR
Alias Name(s) JOHN JAY DOE
Address 123 MAPLE ST LANSING, MI 48888
Date of Birth July 27, 1990
Social Security Number 333-44-1111

From: (Agency or name of obligee and/or his or her private attorney or entity acting on behalf of the obligee, address, telephone, e-mail address, fax)

OCS CENTRAL OPERATIONS
PO BOX 30744
LANSING, MI 48909-8244

Obligee Name(s): JANE MARIE DOE

Section I. Case Identifier:

1.	IV-D Case Number or Non-IV-D Docket Number: 999999999
	Remittance ID or other payment identifier (optional):
2.	IV-D Case Number or Non-IV-D Docket Number:
	Remittance ID or other payment identifier (optional):
3.	IV-D Case Number or Non-IV-D Docket Number:
	Remittance ID or other payment identifier (optional):

Section II. Lien Notice:

This lien results, by operation of law, from a child support order, entered on January 1, 2010 by 44th Circuit Court
Date Issuing Tribunal (name)
in Michigan tribunal number 2017-999999-DM.
Location (state/county) Support order

As of August 1, 2022, the obligor owes unpaid support in the amount of \$ 12,345.67.
Date Lien amount

This judgment may be subject to interest, penalties, fees, surcharge, or other related amounts. (See Section 466(a)(4) of the Social Security Act regarding Full Faith and Credit.)

Prospective amounts of child support, not paid when due, are judgments that are added to the lien amount. Contact the child support agency or the obligee and/or his or her private attorney or entity acting on behalf of the obligee according to the contact information located in the heading to obtain the current lien amount.

This lien attaches to all nonexempt: [] real property or [] personal property or [] real and personal property of the above-named obligor, which is located or existing within the state/county where it may be filed, if required under state law. This includes any property specifically described on the next page.

Barcode

The Paperwork Reduction Act of 1995 (Pub. L. 104-13): STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization in the transmission of interstate liens. Public reporting burden for this collection of information is estimated to average .50 hours per form, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required for interstate cases (section 454(9)(E) of the Social Security Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0152 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact OCSE by email at OCSE.DPT@acf.hhs.gov.

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Section III. Property Description:

ANY AND ALL ACCOUNTS

[] Continued on attached sheet(s), incorporated by reference

All aspects of this lien, including its priority and enforcement, 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. An obligor may also contact the entity sending the lien. This lien remains in effect until released or withdrawn by the issuer or in accordance with the laws of the state where the property is located.

Note to Lien Recorder: Please provide the sender with a copy of the filed lien, containing the recording information, at the address provided above.

Section IV. Remit Payment:

To remit payment, include the case ID, docket number, remittance ID or other payment identifier with the payment and, if necessary, use this locator code: 2600000.

Remit payment to: MiSDU
[X] SDU [] Obligee [] Obligee representative

At this address: P.O. Box 30355 Lansing, MI 48909-7855

Section V. Submission Entity:

[X] Submitted by a IV-D agency/office on behalf of the named obligee.

As an authorized agent of a state or tribal agency (or subdivision of such) responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Social Security Act (section 451 et seq.), I have authority to file this child support lien in any state. For additional information regarding this lien, including the pay-off amount, please contact the authorized agency listed in the heading and reference its case number, listed in Section I.

<u> August 1, 2022 </u>	<u> </u>	<u> CASSANDRA CASEWORKER </u>
Date	Authorized agent signature	Authorized agent printed name
<u> </u>	<u> 517-241-8507 </u>	<u> 888-600-1585 </u>
E-mail	Direct telephone number	Fax

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Section VI. Release of Lien:

This lien remains in effect, until released by issuer: _____
Printed name of issuer

As of _____, this lien has been satisfied or otherwise discharged and it is hereby effectively released.
Date

Date

Authorized agent signature

Authorized agent printed name

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).