STATE OF MICHIGAN 30TH JUDICIAL CIRCUIT INGHAM COUNTY

NOTICE OF INTENT TO REPORT CHILD SUPPORT DEBT TO CREDIT REPORTING AGENCIES

CASE NO. 2016-999999-UN HON. BUDDY JUSTICE

Ingham County Friend of the Court Address P O Box 12345 Lansing, MI 48899

Telephone No. (517) 555-9999 Fax No. (517) 555-9998

Plaintiff's name, address, and telephone no.
JANE JESSICA DOE
123 E. West Blvd
Lansing, MI 48899

(517) 555-1234

Plaintiff's attorney name, address, telephone no., and bar no.

V Defendant's name, address, and telephone no.JOHN JOSEPH DOE JR321 S. North St

(517) 555-4321

Lansing, MI 48899

Defendant's attorney name, address, telephone no., and bar no.

April 21, 2017

To: JOHN JOSEPH DOE JR

State law (MCL 552.512) requires that the Office of Child Support report your support debt (arrears) to credit reporting agencies because the support debt is more than two months of your current monthly support amount. Our records show that your account status is as follows:

1. Support debt (arrears) as of April 21, 2017

\$2,000.00

2. Current monthly support amount

\$200.00

You can stop your support debt from being reported to credit reporting agencies by doing one of the following within 21 days of this notice: (1) pay your support debt **and** any additional support that becomes due or (2) ask the Friend of the Court office for a review based on a mistake of fact. A mistake of fact can only be one of the following:

- There is a mistake in the amount of support debt.
- There is a mistake in the current monthly support amount because it does not match the monthly support amount in the most recent order.
- There is a mistake in the identity of the person who owes the support debt.

To request a review, complete the attached Request for Administrative Review and mail or fax it to our office along with any required documents. If we receive your request before the 21-day deadline, we will complete a review, and you should receive a response in a few weeks.

OFFICE OF THE FRIEND OF THE COURT SUPPORT ENFORCEMENT DIVISION

Payment information is available 24 hours a day at (517) 555-5555

REQUEST FOR ADMINISTRATIVE REVIEW

P. O. Box 12345 Lansing, MI 48899 Fax: (517) 555-9998

FROM	1:	Cover Sheet
Name	JOHN JOSEPH DOE JR	Please deliver the following pages to:
Addre	ss	JONATHAN SMITH
011		Fax No. (517) 555-9998
City, St, Zip		 No. of Pages (Including Cover Sheet)
Phone		— No. of Fages (including cover office)
Court	Case No: 2016-999999-UN	
RE:	JANE JESSICA DOE	
	V	
	JOHN JOSEPH DOE JR	
I reque		based on a mistake of fact because: (Please check all that
[]	The court entered a support order on(Insert order date)	that reduced my support amount.
[]	The court entered an order on that person owed support.	reduced my support debt for money I paid directly to the
[]	The support debt is wrong. (Include proof of any other payments or amounts that do not show up on your Friend of the Court account records. An example of proof is a letter from your employer showing all withheld payments that they made for you.)	
[]	I am not the person required to pay support. (Include a card.)	a clear copy of your driver's license and Social Security
Cierro		Data
Signature		Date