

STATE OF MICHIGAN
Financial Institution Notice of Lien and Levy and Disclosure

Obligor's Social Security Number: 556-67-7889	County	Docket	Arrears
	Wayne	2017-888888-DS	29035.00
Obligor's Date of Birth: February 19, 1987	Total Arrears:		29035.00
Obligor's Name and Address: Ncpfirst16 Last16 Middle16 001 Notareal Road Lansing, MI 48911			
Financial Institution: 1st Patriots Fcu 2760 Home Depot Blvd Rock Hill, SC 29730-5946		Issuing Agency: Michigan Office of Child Support ATTN: Central Operations P. O. Box 30744 Lansing, MI 48909-8244 Telephone: (517) 241-8507 Fax: 888-600-1585	

This lien results from a child support order(s) in the State of Michigan pursuant to MCL 552.625a. This order requires the above-named obligor to pay periodic support of which the order(s) is on record in the circuit court(s) named above. Child support obligations that are not paid when due are judgments against the obligor and equal the amount of the lien.

As of , the obligor owes unpaid support in the amount of \$29035.00.

This lien attaches to **any and all applicable accounts** of the above-named obligor pursuant to MCL 552.625c. The lien attachment includes all non-exempt financial institution accounts and accounts containing federal benefit deposits. (Ref: **Notice of Right to Garnish Federal Benefits** included on the enclosed cover letter, and permitted by 31 Code of Federal Regulations 212.)

The priority and enforcement aspects of this lien are governed by the law of the state where the property is located. An obligor or account holder must follow the laws and procedures of the state where the property is located or recorded. The tribunal hearing the obligor's appeal must follow the laws of the state where the asset is located. This lien remains in effect until released by the issuing agency or in accordance with the laws of the state of filing.

Notice to Financial Institution: Provide the issuing agency with notice of compliance with this lien and levy by completing the Disclosure located below and submitting it to the address identified above as required by MCL 552.625e(2). Please review the enclosed *Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution* for instructions on processing this lien.

For other information regarding this lien, including pay-off amount, contact the issuing agency at the above address or phone number. Please reference the above docket number(s).

As an authorized agent of a state, or subdivision of a state, responsible for implementing the child 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 child support lien in any state or U.S. Territory.

Signature of Authorized Representative

DISCLOSURE

Financial Institution Use Only:	
Date Account (s) Frozen: _____	Date Sent to Account Holder(s): _____
Amount Frozen: \$ _____	

Authority: Office of Child Support Act, MCL 400.233; Support and Parenting Time Enforcement Act, MCL 552.625(c) et. seq. Response: Mandatory	Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your county.
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For the Issuing Agency Only (This section must be completed by the person who sends the lien to the financial institution and must be returned to the Michigan Office of Child Support Central Operations):

PROOF OF SERVICE: As required by MCR 2.104(A)(3), I certify that a copy of this *Financial Institution Notice of Lien and Levy and Disclosure* (FEN321) was sent to the financial institution named above, on this day, April 14, 2017, and time a.m./p.m. via:

Fax to the following fax number: .

First-class mail to the address shown above.

I declare that the statements above are true to the best of my information, knowledge, and belief.

_____ Date

_____ Signature and Title

Authority: Office of Child Support Act, MCL 400.233;
Support and Parenting Time Enforcement Act, MCL
552.625(c) et. seq.

Response: Mandatory

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