

REQUEST FOR ADMINISTRATIVE REVIEW OF LIEN

Obligor's Social Security Number: 556-67-7889 Obligor's Date of Birth: February 19, 1987	County Wayne	Docket 2017-888888-DS	Past-Due Support 29035.00 Total Arrears: 29035.00
Obligor's Name and Address: Ncpfirst16 Last16 Middle16 001 Notareal Road Lansing, MI 48911			

1. Michigan law says only a claim of mistake of fact can be reviewed. You (the obligor) or another account holder can request a review of the lien for one or more of the mistake of fact reasons below. Please check the reason(s) that applies to you:

- A. I am not the person who owes support (obligor).
- B. I can show that the amount of past-due support is not correct.
- C. The money in the account does not belong to the obligor.
- D. The money in the account cannot be taken because it is exempt from the lien per federal or state law.
 (Refer to the enclosed *Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution.*)

2. Please complete section(s) A, B, C, and/or D below (whichever section(s) applies to you). Then, within 21 days of the date the financial institution sent you the Notice of Lien, **send this form and supporting documents** by fax or mail to:

Michigan Office of Child Support Central Operations
 P. O. Box 30744
 Lansing, MI 48909-8244
 Phone: (517) 241-8507
 Fax: 888-600-1585

A. If you can confirm that you are not the person who owes support, please complete the following information.

Your Name:	
Other Names That You Use:	
Your Date of Birth:	
Your Social Security Number:	
Your Driver's License Number:	
Other Information:	

B. Please explain why you believe that the amount of past-due support is not correct.

C. Please explain why you believe the money in the account does not belong to the obligor named above, and provide the mailing address of any additional account holders.

D. Does this account include payments from Supplemental Security Income? Yes No
 If no, please explain why the money cannot be taken per federal or state law.

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3. The Michigan Office of Child Support (OCS) will review the information provided within seven days and will respond with the review results. Therefore, supporting documents must be submitted within seven days of requesting a review.
 4. The review may be delayed if you present information that OCS must confirm with the Friend of the Court.
 5. If you disagree with the review results, you may file a motion with the circuit court to challenge the lien within 21 days of the review results being mailed to you. For each docket for which you are challenging a lien, you must file a motion in the county where each docket is located. You must send a copy of your motion and a Notice of Hearing to OCS at the address or fax number listed in Section 2, above. You must also send a copy of the order that results from the hearing/motion to OCS.

By signing below, you are asking that OCS review your information to decide if the lien was correct. You may be required to provide additional supporting documents for your claim.

Date

Signature

Print Name

Your Mailing Address:

Street or P.O. Box

City, State, Zip

Phone Number

Email Address