

**STATE OF MICHIGAN  
Notice to Release Lien**

Obligor's Social Security Number: 668-90-3323 Obligor's Date of Birth: September 17, 1993	County	Docket	Arrears
	Wayne	2017-876876-DS	2741.00
Obligor's Name and Address: Ncpfirst52 Last52 Middle52 665 Lalaaddress Lansing, MI 48910	Total Arrears:		2741.00
	Financial Institution: 1st United Services Credit Union P.o. Box 11746 Pleasanton,, CA 94588		
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

1. A lien arose against the obligor's property by operation of law in the amount of past-due child support.
2. The lien has been terminated by the Office of Child Support (OCS) in accordance with MCL 552.625a(1) and/or MCL 552.625c(4).
3. OCS has determined that the lien should be terminated because:
  - The lien was not appropriate because of a mistake of fact.
  - The obligor/account holder has provided proof that the entire account contains funds that are exempt from lien and levy.
  - The circuit court has ordered the lien be released.
  - The support arrearage has been paid in full.
4. Upon receiving this *Notice to Release Lien*, the financial institution must release the obligor's/account holder's financial assets by the close of business on one of the following days:
  - If the notice is received before noon, the first business day after the business day on which the notice is received.
  - If the notice is received at noon or later, the second business day after the business day on which the notice is received.

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 notice in any state or U.S. Territory.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Representative

For the Issuing Agency Only:	
<b>PROOF OF SERVICE:</b> As required by MCR 2.104(A)(3), I certify that a copy of this <i>Notice to Release Lien</i> (FEN327) was sent to the financial institution named above on this day, April 13, 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.	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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