

**STATE OF MICHIGAN
Notice of Conditional Release of Lien**

Obligor's Social Security Number: 222-33-3444	County	Docket	Arrears
	Wayne	2017-777777-DM	13445.00
Obligor's Date of Birth: September 21, 1981	Total Arrears:		13445.00
Obligor's Name and Address: Ncpfirst19 Last19 Middle19 011 Notareal Road Lansing, MI 48911			
Financial Institution: 1st State Bank 4805 Towne Ctr Saginaw, MI 48604-2831		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	

ACCOUNT HOLDER'S AFFIDAVIT AND AGREEMENT TO RELEASE FUNDS

1. I am / We are the account holder(s) of record and the owner(s) of the funds in the account(s) subject to lien.
2. No other person has a claim to the funds in the account(s).
3. I/We authorize the financial institution named above to transfer funds to satisfy the conditions of this release.
4. I/We understand that the financial institution may deduct a fee from the remaining balance of the account(s) to process this request.
5. I/We agree that if a reversal of the transfer is requested, the conditional release of this lien will be void and the released funds will be subject to the original lien.

Note: In the case of a jointly owned account, all account holders must sign this affidavit.

Account Holder's Signature

Subscribed and sworn before me on _____,
Date

_____, Michigan.
County

My commission expires _____.

Signature: _____

Account Holder's Signature

Subscribed and sworn before me on _____,
Date

_____, Michigan.
County

My commission expires _____.

Signature: _____

CONDITIONAL RELEASE OF LIEN

6. A lien arose against the obligor's property by operation of law in the amount of past-due child support.
7. OCS Central Operations has determined that the lien should be terminated in consideration of the account holder's affidavit and agreement to release the funds as executed above.
8. The financial institution must transfer \$ to the Michigan State Disbursement Unit (MiSDU) upon receipt of this release.

Authority: Office of Child Support Act, MCL 400.233; Support and Parenting Time Enforcement Act, MCL 552.625 Response: Voluntary Penalty: None	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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- 9. In the event of a reversal of the transfer, the lien will continue in effect for all reversed funds and will reinstate on the account when the financial institution is notified that the terms of this conditional release have not been met.
- 10. In accordance with the law and subject to the terms of this release, this notice releases the lien upon receipt by the above-named financial institution.

Date

Signature of Authorized Representative of the Issuing Agency

For the Issuing Agency Only:

PROOF OF SERVICE: As required by MCR 2.104(A)(3), I certify that a copy of this *Notice of Conditional Release of Lien (FEN335)* 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
Response: Voluntary
Penalty: None

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