

HON.

County Friend of the Court Address:

Telephone No.
Fax No.

Date:

To: _____

Attached is an income withholding notice (IWN).

1. The amount of income withholding has been administratively changed according to Michigan law.
2. As of _____ you have an arrearage of \$ _____. This amount does not include the current month's support or amounts due for bench warrant or court fees. The new past due collection amount is \$ _____ per month and a portion of any lump sum payments you receive.
3. If any past-due support is owed, a portion may be deducted from any lump sum payments issued by any employer and/or source of income.
4. The IWN is effective and will be sent to all of your present and future employers and other sources of income.
5. You may request a hearing only if there is a mistake of fact concerning the amount of current or overdue support, mistaken identity, or if the new amount is unjust or inappropriate.
6. You must request a hearing in writing within 21 days after the date of this notice. You must file the original Request for Hearing with the Clerk of the Court. You must serve your request on the other party AND provide a copy to the Friend of the Court.
7. If the hearing is held before a referee, you may request a review of the referee recommendation by a judge.
8. If you need special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.
9. If you believe the amount of support should be modified due to a change in circumstances, you may file a motion with the court.