

Michigan Non-Support Special Project Child Support Multi-Agency Investigative Team Referral Process and Instructions

BACKGROUND OF THE PROJECT:

The Michigan Non-Support Special Project, also known as Project Save Our Children, began in April, 1998 in Michigan with the start of the Child Support Multi-Agency Investigative Team (CSMAIT). Since its inception CSMAIT has been active in using the Child Support Recovery Act (CSRA) of 1992 and the Deadbeat Parents Punishment Act of 1998 to enforce seriously delinquent child support orders.

The Deadbeat Parents Punishment Act is punishable as follows:

- In the case of a first offense under subsection (a)(1), a fine under this title, imprisonment for not more than 6 months, or both; and
- In the case of an offense under paragraph (2) or (3) of subsection (a), or a second or subsequent offense under subsection (a)(1), a fine under this title, imprisonment for not more than 2 years, or both.
- Mandatory Restitution. - Upon a conviction under this section, the court shall order restitution under section 3663A in an amount equal to the total unpaid support obligation as it exists at the time of sentencing.

The CSMAIT taskforce is made up of federal, state and local staff. Taskforce members include:

Department of Health and Human Services/Office of Inspector General
(DHHS/OIG)
Office of Child Support
Friend of the Court
Prosecuting Attorney
Federal Bureau of Investigation
United States Marshal Service
Michigan State Police
Probation and Parole
Local law enforcement agencies
State Court Administrative Office

ROLE OF THE FRIEND OF THE COURT:

Friend of the Court Offices are requested to review their caseloads for the most serious cases of willful non-payment for referral to the criminal program.

Referral Criteria

1. IV-D case,
2. \$20,000 or more in support arrears, or
3. \$10,000 or more in support arrears and circumstances of the case or the needs of the child or payee strongly suggest that criminal justice intervention is needed,
4. Payer resides outside the State of Michigan,
5. Payee and child(ren) reside in the State of Michigan,
6. Payer has knowledge of the obligation,
7. Payer has not made current, direct or regular support payments in over one year,
8. Payer has the ability to make support payments and is willfully avoiding the obligation.
9. Youngest child is under 18 years old.
10. Payer is not receiving Social Security or Disability benefits.

In referring cases, the Friend of the Court agrees to:

- Respond to any inquires from task force members, cooperate with investigators, and assist in providing information.
- Once a case is referred, immediately report to the task force any of the following:
 - Any additional successful enforcement remedies utilized;
 - Any contacts from the payer or their legal representative;
 - Any new location or employment information regarding the payer;
 - Any payments received;
 - Any new orders entered.
- Act as a contact for the payee or the legal representatives;

MEETING WITH THE PROSECUTING ATTORNEY::

In developing a local referral procedure, consider having your local Prosecuting Attorney's office criminal division review the cases and determine if they may be appropriate for local criminal prosecution.

Please note prosecutor's review, and any warrants issued on the referral form.

REFERRAL PROCESS:

For cases meeting the qualifying criteria fill out the Special Project Referral Form and mail to:

Michigan Non-Support Special Project
Office of Child Support
P.O, Box 30037
Lansing, MI 48909

Attn: Kelly Morse

The Office of Child Support will review cases to ensure they meet referral criteria. Cases not meeting requirements will be run through the locate system, case closed and information sent back to the county without being considered for prosecution.

Cases meeting requirements will be forward to the Columbus, Ohio Data Center for extensive locate searches. Once the collection of information on location and assets will be forward to DHHS/OIG for further review and investigation. Cases that are declined for federal prosecution will be closed and investigative information will be forward to the local Friend of the Court. Cases that remain open will be prioritized for investigation. Investigators will work all open cases as quickly as possible.

Cases considered high priority include:

1. Special Circumstances – Cases with special circumstances (e.g. disabled custodial parent or child, homeless family)
2. Age of the children – Cases with the youngest child nearing age 18
3. History of good earning income

Case considered lower priority include:

1. Poor credit history (e.g. multiple collection accounts, bankruptcy, multiple liens)

2. Little or no history of income

REFERRAL FORM:

Provide as much relevant information as possible. If you would like to attach a few supporting documents (e.g. locate information, credit reports, etc.) please do so. Attachments are not required for consideration.

Section I: County Information

Complete the agency information section. You must include a specific contact person, their direct phone number, e-mail address, if the investigative team cannot contact your staff, enforcement activities may be delayed. Please include the entire circuit court case number and suffix, and indicate whether or not IV-D services have been requested (prior FIP [AFDC] or signed a request).

Section II: Payer Information

Complete the payer information section. Enter the payer's full name, aliases, Social Security Number, drivers license number and state, and date of birth. The Social Security Number and date of birth are mandatory. List the most recent address, and the date it was verified. Please include a photograph, if available, any additional information regarding the payer's physical description, and any new spouses.

Section III: Warrant Information

Complete the warrant information section. List all known outstanding warrants and type (e.g. bench warrant, criminal non-support, or other felony warrant, etc.) for the payer. Also, list the issuing agency and where it was issued.

Section IV: Payee Information

Complete the payee information section. Enter the payee's current full name, address, and phone number. If the payee's last name is different than when the case was originally filed, please list the payee's case name in parentheses. List any active restraining or personal protection orders the payee may have against the payer. Also, note if the payee is aware of the referral to the special project.

Section V: Child Information

Complete the child information section. List all children involved in the case, including date of birth, and current state of residence. Use the reverse side of the form if additional space is needed.

Section VI: Order Information

Complete the order information section. Please list the state that issued the order, the current charges, support arrearage by type (to the payee, State of Michigan, confinement, medical, etc.) and the last payment date. List other states that are involved in some aspects of this case, and their type of involvement (e.g. UIFSA Registration for Enforcement, etc.)

Section VII: Elements

Briefly explain how the payer has demonstrated willful non-payment. Willful non-payment may be demonstrated by:

- A pattern of repeated flight from state to state to avoid payment.
- A pattern of repeated flight after service of process for contempt hearings, or after enforcement hearings or enforcement actions;
- Documented verbal or written statements made by the payer regarding a refusal not to pay; and/or
- A pattern of deception to avoid detection or payment demonstrated by one or more of the following:
 - Repeatedly changing employment;
 - Pattern of leaving employment shortly after withholding is implemented;
 - Concealing assets or income;
 - Concealing their residence or location;
 - Using a false or altered Social Security Number;
 - Having regular income or continuing self-employment without making adequate payments;
 - Continued failure to make support payments after: Friend of the Court contacts, making agreements to pay, or being held in contempt of court; and/or
 - History of noncompliance from the inception of the case, or the following an event (leaving state, changing employers, etc.)

Please concisely provide all of the most compelling reasons that you believe the payer has the ability to make full or partial payments. The ability to pay may be demonstrated by:

- Real or personal property, assets, or legal interests of the payer with a sufficient net value;
- Real or personal property or assets purchased during periods of non-payment;
- Evidence of lifestyle;
- Available sources of credit which could be used to make full or partial payments on the arrearage;

- Bank accounts, stocks, bonds, and other holdings;
- Work history, including periods of known income when no or minimal payments were made;
- Education, specialized skills, or training which the payer could utilize to generate an income;
- Subpoenaed loan or credit applications

Explain why you believe that the payer knows that this obligation exists. Knowledge of the obligation may be demonstrated by one or more of the following:

- Documented personal service on the payer of the summons and complaint, or a copy of the support order;
- Awareness of a divorce (and accompanying support order) evidenced by the payer's remarrying after a divorce judgment was entered;
- Contacting the office regarding support or parenting time, or enforcement action;
- Appearing at a hearing, or retained an attorney to appear on their behalf (Note: If the payer has ever objected to MI's jurisdiction regarding support); or
- Made payments voluntarily, or by income withholding, tax offset, or other non-voluntary means without objecting or contesting the mandate payment.

Please concisely provide all other relevant information which could assist with the investigation and location of the payer or their assets. Other relevant information may include:

- Results of locate activities (PLS, credit checks, 1099, etc.) and confirmed employment or asset information;
- Payer's most recent contacts with the office (e.g. complaint order too high, not getting parenting time, etc.);
- Any known relatives (parents, siblings, spouses, ex-spouses, etc.);
- History of payer making direct payments;
- Cooperate in any prosecution, making the appropriate staff available to testify if requested by the agency prosecuting the case.