

SPECIAL PROJECT REFERRAL

State of Michigan
Family Independence Agency
Office of Child Support

SECTION I - COUNTY INFORMATION

Name of Referring Agency		Name of Contact Person		Direct Phone Number	
Address of Referring Agency (Street Name and Number)			Email Address		Fax Number
City	State	Zip Code	Case Number		Is This a IV-D Case? No <input type="checkbox"/> Yes <input type="checkbox"/>

SECTION II - PAYER INFORMATION

Full Name of Payer (Mandatory)			Alias		Social Security Number (Mandatory)
Last Known Address (Street Name and Number)			Drivers License Number and State		Date of Birth (Mandatory)
City	State	Zip Code	Has the Payer Remarried? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Was the Address Verified? No <input type="checkbox"/> Yes <input type="checkbox"/>		If Yes, When?	If yes to Whom?		
Brief Physical Description (height, weight, tattoo, hair color)					

SECTION III - WARRANT INFORMATION

Does the Payer Have Any Current Warrants? If Yes, What Type(s) (bench warrant, criminal non-support, other felony) and where issued? No <input type="checkbox"/> Yes <input type="checkbox"/>	
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SECTION IV - PAYEE INFORMATION

Name of Payee (First MI Last) (payee's case name, if different)		Phone Number		
Address (Street Name and Number)		City	State	Zip Code
Any Restraining Orders/PPO's Against Payer? No <input type="checkbox"/> Yes <input type="checkbox"/>		Is Payee Aware of this Referral? No <input type="checkbox"/> Yes <input type="checkbox"/>		

SECTION V - CHILD INFORMATION

Name of Child		Date of Birth	State of Residence
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SECTION VI - ORDER INFORMATION

State That Issued the Order	Current Support Charges By Type (child support, alimony)		
List Arrearage By Type (child support, confinement, alimony, etc., - owed to payee, -owed to state)			
When Was the Last Payment?		What Other States are Involved? Type of Involvement	

SECTION VII - OTHER ELEMENTS

Indicators or history of willful non-payment (e.g., changes jobs when withholding starts, moves, verbal or written statements)

Indicators that the payer has the ability to make full or partial payment, (e.g., work history, education, skills, special training, life style)

Indicators that the payer knows this obligation exists (e.g., proof of service with copy of order, past payment history - explain type, contact with office)

List Any Special Circumstances

SECTION VIII - PROSECUTOR REVIEW

Has this case been reviewed by a prosecutor for possible criminal charges? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, by whom? (List prosecutor's or assistant's name and phone number)
If Yes, what was the outcome of the review? (criminal warrant, case did not meet an element of state law, etc.)	

AUTHORITY: Federal 25 USC 228
COMPLETION: Voluntary
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, 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 FIA office in your county.