$1.00

Opt-In to FOC Services

(FOC 104, FOC 23, DHS-1201D)

When to Use:	• You have previously opted out of FOC services; **and** • You would like to receive FOC services.
Filing Fees:	None
Method of Payment:	Credit Card
Where to File:	https://mifile.courts.michigan.gov
Filing Type:	Miscellaneous
Copies:	Original, plus 1 copy if the other party does not have a MiFILE account.
Additional Information:	Once your case has been re-opened, you must wait at least one year before you can opt out of FOC services again. You can serve this motion electronically if the other party has a MiFILE account. You will need to send a copy of this motion to the other party if he or she does **not** have a MiFILE account. You can send this motion by regular, first class mail.

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO. and JUDGE

Court address
12240 Fillmore St, Rm 50, West Olive, MI 49460

Court telephone no.
(616)846-8315

Plaintiff's name, address, and telephone no.		Defendant's name, address, and telephone no.
	v	
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

On _____ an order was entered exempting this case from friend of the court services.
Date

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office.

As required, I have provided a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D) to the friend of the court office.

_____ _____
Date Signature

CERTIFICATE OF MAILING

I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____
Date Signature

Distribute form to:
Court
Friend of the court
Plaintiff
Defendant

To the Clerk: For FOC office

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE

Friend of the court address
12240 Fillmore St, Rm 150, West Olive, MI 49460

Telephone no.
877-543-2660

Information about you:

1. Last name	First name	Middle name	2. Any other names by which you have been known

3. Date of birth	4. Social security number	5. Driver's license number and state

6. Mailing address and residence address (if different)

7. E-mail address

8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.

15. Mobile telephone no.	16. Home telephone no.	17. Work telephone no.	18. Occupation

19. Business/Employer's name and address	20. Gross weekly income

21. Did you apply for or receive public assistance? If yes, please specify kind and case number. ☐ Yes ☐ No

22. Any other country(ies) of citizenship:	23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Information about the other parent in this case:

24. Last name	First name	Middle name	25. Any other names by which parent has been known

26. Date of birth	27. Social security number	28. Driver's license number and state

29. Mailing address and residence address (if different)

30. E-mail address

31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.

38. Mobile telephone no.	39. Home telephone no.	40. Work telephone no.	41. Occupation

42. Business/Employer's name and address	43. Gross weekly income

44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. ☐ Yes ☐ No ☐ Unsure

45. Any other country(ies) of citizenship:	46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)

Distribute form to:
Friend of the Court
Plaintiff/Attorney
Defendant/Attorney

Case No. _____

Information about the minor child(ren):					
47. a. Name and sex of minor child in case	M/F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address

48. a. Name and sex of other minor child of either party	M/F	b. Birth date	c. Age	d. Residential address

49. Health care coverage available for each minor child			
a. Name of minor child	b. Name of policy holder	c. Name of insurance Co./HMO	d. Policy/Certificate/Contract/Group No.

50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

_____
Date

12240 Fillmore St, Rm 50, West Olive, MI 49460
Signature

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf. Or you may request a copy from your local friend of the court office.

APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan
Friend of the Court

FOR OFFICE USE ONLY		
App Request Date	App Returned Date	IV-D Case Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

AUTHORITY: 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)	Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)
What is your relationship to the child(ren) for whom you are applying for child support services? ☐ Mother ☐ Father	☐ Mother ☐ Father ☐ Both

A. Mother's Information

Mother's Name (First, Middle, Last)	Mother's Social Security Number
Mother's Mailing Address (Street, City, State, Zip Code)	Mother's Telephone Number

B. Father's Information

Father's Name (First, Middle, Last, Suffix)	Father's Social Security Number
Father's Mailing Address (Street, City, State, Zip Code)	Father's Telephone Number

C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

☐ Yes ☐ No

D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

☐ Yes (Check one if different than 25%) 10% 50%

☐ No, please contact me before you try to recover an amount from my support payments.

E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents,* at www.michigan.gov/childsupport in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

Applicant or Attorney of Record Signature (Signature is required)	Applicant or Attorney of Record Printed Name	Date

If signed by an attorney, (s)he is acting on behalf of _____
Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Return this completed application to your local Friend of the Court Office.