

STATE OF MICHIGAN

GRETCHEN WHITMER GOVERNOR DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ROBERT GORDON DIRECTOR

REQUEST TO DISCHARGE STATE-OWED DEBT

If you think you have good reasons for the Friend of the Court (FOC) to discharge (forgive or waive) your state-owed debt, please complete all information on this form, and return it to the FOC office where your court order is located. You may include more pages if you need more space. You may be asked to fill out more paperwork or provide proof of any of this information. FOC staff may schedule a follow-up meeting with you in person or by phone.

If you have a court order in more than one county, please provide a copy of this form to each FOC office where you are seeking discharge of state-owed debt.

PERSONAL INFORMATION

Name	Date of birth	Social Security number	Driver's license or state ID number
Address			
Email	Home phone	Cell	bhone
Custodial party name(s) or docket num	ber(s) (if known)	

YOUR SITUATION

Below, please list who lives with you in your household, including children.

			Does this pe	erson have	
Name	Age	How is this person related to you?	income/help		
			household e	expenses?	
			Yes	🗌 No	
			Yes	🗌 No	
			Yes	🗌 No	
			Yes	🗌 No	
			Yes	🗌 No	
			Yes	🗌 No	
			Yes	🗌 No	
1. In your living situation, do you: Rent Own Other					
If other, explain:					
2. Do you have any child support cases in other states? 🗌 Yes 🗌 No					
If yes, which state(s)?					
Case number(s) if known:					

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3.	How much can you pay in current child support?	\$	/month		
4.	How much can you pay toward past-due support?	\$	/month		
5.	Would you be able to pay at least \$1,000 at one tir payment amount by discharging an equal amount If no, what amount could you pay all at one time to discharge?	of you	state-owed debt?	Yes No	
	 Select your highest level of education: Some high school High school diploma/GED Some college Do you have any specialized job training or license 	Fo Gr	vo-year college degree ur-year college degree aduate degree (master mples: apprenticeship	(bachelor's) 's, J.D., etc.)	
	Yes No If yes, describe:		mpree. approntioeering,		
8.	 8. Are you currently employed: Full-time Part-time Unemployed If unemployed, are you eligible for unemployment benefits? Search No If no, why not? If unemployed at any time in the past three years, please identify below which months you were unemployed and not receiving unemployment benefits. (You weren't eligible for benefits, or they had run out.) (Examples: 1/2011, 4/2012, etc.) 				
9.	Current employer name and address, if you have of Employer phone:	one:			
10.	Are you currently incarcerated (in jail or prison)? If yes, complete the following: Prisoner ID: Date you expect to be released: Prison/Jail location:		S 🗌 No		
11.	Have you been incarcerated in the past? If yes, list approximate start and end dates: Start: Start: Start:	Yes End: End: End:	s		

12.	If you answered yes to Question 11, is it hard for you to find employment because of previous jail, prison, or probation sentences? If yes, explain:	Yes	🗌 No
13.	Are you receiving Social Security payments?		
	If yes, provide a copy of your award letter or other proof to the FOC with this for following:	m, and co	mplete the
	Date you began receiving payments:		
	Type of payments: SSI Disability Retirement Are you permanently disabled according to the Social Security Administration (SSA)?	🗌 Yes	🗌 No
	If yes, provide proof to the FOC with this form.		
14.	Do you have a disability or other health issue(s) that may prevent you from working full-time, or from working at all? If yes, provide proof to the FOC with this form.	Yes	🗌 No
15.	Do you currently receive public assistance (FIP, Medicaid, Food Stamps, etc.)? If yes, what kind of assistance?	Yes	🗌 No
16.	Are you currently under a bankruptcy plan, or are you in the process of filing for bankruptcy?	Yes	🗌 No
17.	Do you expect to receive money from a will, estate, or trust?	🗌 Yes	🗌 No
18.	Are you currently living in a homeless shelter or taking part in a homelessness program? If yes, length of time:	🗌 Yes	🗌 No
10			
	In the past six months, have you been unable to pay medical bills (for either yourself or a family member) that you must pay?		∐ No
20.	In the past six months, have you been unable to pay other bills that you must pay?	Yes	🗌 No
	If yes, list bills you are unable to pay:		
21.	Do you spend time with your child(ren) on a regular basis, attend school activities, and/or consistently exercise your court-ordered parenting time?	Yes	🗌 No
22.	In addition to your regular parenting time schedule, do you care for your children while the other parent is at work, at school, etc.?	Yes	🗌 No
	If yes, list how many hours you do this per week:		
23.	Do you provide non-money support (examples: transportation, clothing, etc.) to your children?	Yes	🗌 No
24.	Would you be willing to take a finance or budget class?	🗌 Yes	🗌 No
25.	Would you be willing to attend a jobs program?	🗌 Yes	🗌 No
26.	Would you be willing to do volunteer work?	🗌 Yes	🗌 No
	If yes, how many hours per week are you willing to volunteer?		

MONTHLY INCOME INFORMATION (List gross amounts – before taxes)

Income from job(s)	Workers' compensation		Unemployment
Pension	Child support received (for all cases)		Spousal support
Social Security (SSI, disability, retirement, etc.)		Veterans Administration (VA) benefits	
Settlement (legal settlement, insurance settlement, annuity)		Other income (describe source and monthly amount)	

ASSET INFORMATION

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Do you have a savings, checking, or other non-retirement account?					
If yes, total amount in all accounts: \$			Date:		
Bank or financial institutio	n name:				
Do you have retirement sa	avings such as 401(k)?	🗌 Yes 🗌 No			
If yes, total amount in all r	etirement accounts: \$		Date:		
Bank or financial institutio	n name:				
Do you own or lease a ca	r or truck?	🗌 Yes 🗌 No			
If yes, number of cars/truc	ks owned or leased:				
Do you have any of these	items worth over \$500?				
Computer/Tablet:	🗌 Yes 🗌 No 🛛 S	Snowmobile:	🗌 Yes 🗌 No		
Boat:	🗌 Yes 🗌 No 🛛 J	ewelry:	🗌 Yes 🗌 No		
Camper:	🗌 Yes 🗌 No 🛛 T	ools:	🗌 Yes 🗌 No		
Motorcycle:	🗌 Yes 🗌 No 🛛 C	Other:	🗌 Yes 🗌 No		
AVERAGE MONTHLY EX	PENSES (your share or	the amount you pay)			
Rent/mortgage	Electric	Cable/satellite TV	Water		
\$	\$	\$	\$		
Natural gas/oil	Child support	Phone (home/cell)	Credit cards		
\$	\$	\$	\$		
Medical bills	Car payments	Child care	Education		
\$	Ş L	Ş	Ş		
spousal support	Spousal supportInsurance (car, life, medical, homeowners)\$\$				
Other monthly payment(s)					
	\$				
DEBTS					
Total balance on credit card(s)DateTotal balance on medical bills (self)Date\$\$					
Total balance on medical bills (family) Date					
\$					
Do you owe restitution as a result of a crime? If yes, amount owed					
Yes No \$					
Do you owe fees, fines, and/or court costs? If yes, amount owed					
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Do you owe someone as a result of a court judgment?	If yes, amount owed
	\$

Please note that if any of your state-owed debt is discharged based on incorrect, incomplete, or false information you provided, the FOC may reinstate the debt forgiven (add it back to the total amount owed in support).

Please sign below to indicate that you believe the information you have provided on this form is correct and complete.

Signature	Print Name	Date		
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.				