

Your Name: _____

Name of Payer: _____

Case # _____

Date: _____

I would like to forgive the child support arrears owed to me as follows (please select only one):

The full amount owed

In the amount of \$ _____

I understand this is voluntary and that the credit/waiver may not be reinstated at a later date.

Signed

Note: Please be sure to have your signature notarized or include a copy of your photo ID.

Return this form to:

Case Manager
Kent County Friend of the Court
82 Ionia Avenue NW, Ste. 200
Grand Rapids MI 49503