



DANIEL J. FOJTIK
Director
Friend of the Court

STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT COURT
KENT COUNTY

82 IONIA AVENUE, N.W. - SUITE 200
P.O. BOX 351
GRAND RAPIDS, MICHIGAN 49501-0351

Date: _____

Case # _____

SSN _____

Payer's Name: _____

The Friend of the Court is required, under certain circumstances, to hold the money received for 6 months. If you wish to waive the 6 months and have the money released, sign below.

This form authorizes the Kent County Friend of the Court to release funds held.

Regulations (45CFR Section 300) require Kent County Friend of the Court to hold funds for 6 months under these circumstances.

We, the undersigned, give permission to allow Kent County Friend of the Court to apply any excess funds to my outstanding debts owed to the custodial parent, State of Michigan or County of Kent.

We agree that an injured spouse claim will not be filed.

Payer of Support/**Print name**

Spouse/**Print name**

Payer of Support/**Sign name**

Spouse/**Sign name**

Date

Your signatures need to be notarized or we require a copy of your driver's license to be included with this form.

Return to: Laura Ash

Please retain a copy for your records

Kent County FOC
82 Ionia Ave Ste 200
PO Box 351
Grand Rapids, MI 49501
Phone: (616) 632-6763

Fax: (616) 632-6886