

<b>KENT COUNTY FRIEND OF THE COURT</b>	<b>ARREARS FORGIVENESS REQUEST</b>	<b>DOCKET NO:</b>
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Plaintiff's name:  This person pays support OR This person receives support	Defendant's name:  This person pays support OR This person receives support
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***As a parent, you can request forgiveness of support arrears owed to you by the other parent. However, the Friend of the Court can approve or deny any request.***

1. Are you asking for arrears to be forgiven due to fear, force, or threats? Yes    No
  
2. I understand that forgiving arrears is never required. It is my choice. Yes    No
  
3. Is there now or has there ever been an active Personal Protection Order or No Contact Order in place? Yes    No
  
4. I would like to forgive the support arrears owed to me as follows (select one):  
     The full amount owed  
     In the amount of \$ \_\_\_\_\_
  
5. I understand that I can only forgive arrears owed to me. Arrears owed to the state/county cannot be forgiven by me. Yes    No
  
6. I understand that if I change my mind on forgiving arrears, I must contact Friend of the Court within 7 days of signing this form. Yes    No
  
7. I understand I may receive a phone call from someone at the Kent County Friend of the Court office before the request can be processed. Yes    No  
 Daytime Telephone # (     )

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Printed Name Signature Date

Subscribed and sworn to before me, a Notary Public, \_\_\_\_\_ on \_\_\_\_\_  
Signature Date

***\*\*\*If not notarized, please provide a copy of your driver's license or state ID\*\*\****