



STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT COURT

TRACI L. SCHENKEL
FRIEND OF THE COURT
KENT COUNTY

82 IONIA AVENUE NW, STE 200
PO BOX 351
GRAND RAPIDS, MICHIGAN 49501-0351

REQUEST TO REOPEN FRIEND OF THE COURT CASE

1. You may request to reopen a Friend of the Court case if you have a child support case (in Kent County) and an order exempting you from Friend of the Court services.
2. Complete the enclosed FOC 104 (Request to Reopen FOC Case), FOC 23 (Verified Statement), DHS 1201D (Request for IV-D Child Support Services) forms and return them to the Kent Friend of the Court office. You may return the forms to our office via:
 - Mail or visit our lobby (82 Ionia Avenue NW, STE 200, Grand Rapids, MI, 49503)
 - Fax (616-632-6871)
 - Email (FOC.MAIL@kentcountymi.gov)
3. Questions regarding reopening your case may be directed to our main number at 616-632-6888.

Fillable forms:

[Form FOC 104](#) - REQUEST TO REOPEN FRIEND OF THE COURT CASE

[Form FOC 23](#) – VERIFIED STATEMENT

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.) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
What is your relationship to the child(ren) for whom you are applying for child support services? <input type="checkbox"/> Mother <input type="checkbox"/> Father	

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).

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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.