



THIRD JUDICIAL CIRCUIT COURT
FRIEND OF THE COURT

ARREARS FORGIVENESS PROGRAM **DISCHARGE OF STATE OWED ARREARS**

If you owe a child support arrearage to the State of Michigan you may be eligible to have some or all of that arrearage discharged.

Parties Married

If you are a payer and you marry the custodial parent in your case, your state-owed arrears will be discharged if you complete the “Stipulation to Abate Support Based upon Parties’ Marriage.” FD/FOC-4572. You will be required to provide an original Certificate of Marriage and provide a valid “front and back” copy of a Government issued identification. This form and instructions are available on the Third Circuit Court website www.3rdcc.org.

Arrears Management Program

These two options are now available if you can demonstrate that you have an inability to pay all or part of the arrearage and that you have been active in your child/children’s lives.

- **Arrears Reduction/Discharge Under Circumstances of Extreme Difficulty (Arrears REDUCED)**

Arrears REDUCED provides for the full or partial discharge of state-owed arrears after payer has demonstrated a circumstance of extreme difficulty.

- **Lump-Sum Payment**

The Lump-Sum Payment option provides for the discharge of some or all of payers state-owed arrears in return for the payer’s payment of family- or state-owed arrears. The Lump-Sum Payment option may be used if a payer is not able to pay the entire arrearage but has the ability to pay a lump-sum amount at one time. The payer may be eligible to receive a matching reduction in the state-owed arrears up to the amount of the Lump Sum payment made on the family-owed arrears or state-owed arrears. The minimum Lump-Sum payment is \$1,000 or the amount of state-owed arrears, whichever is less.

Situations in which a payer's State-Owed Arrearage may be partially or totally discharged.

Here are some (not all) situations in which a payer may be eligible for a total or partial discharge of state-owed arrears. They include:

1. The payer is in prison for life with no chance of parole.
2. The payer is incarcerated with an earliest release date of 10 or more years in the future, and his/her youngest child on the docket is at least 18 years old.
3. The payer is receiving SSI and has been determined to have a permanent impairment.
4. The payer now lives in the same household with the custodial parent and the child(ren), and this living arrangement will continue.
5. The payer now has physical custody of the child(ren), and payment of the full state-owed arrears amount would deprive the child(ren) of needed income and create a hardship for the family.
6. The payer has extraordinary medical expenses for himself/herself or a family member.
7. The payer is jobless, has exhausted unemployment benefits or is not eligible, has limited assets, and has limited income.
8. The payer has been living in a long-term (not a "night by night" or "drop-in") homeless shelter or has been participating in a long-term homelessness program for at least 30 days.

How to Apply for the Arrears Management Program

In order to become eligible for the program you must first fully **COMPLETE, SIGN AND DATE** the "Request to Discharge State-Owed Debt" DHS-681 (available at www.3rdcc.org) and mail it to:

**Friend of the Court
Arrears Management Coordinator
645 Griswold
Detroit, MI 48226**

Note: You must include with your DHS-681 all documentation that supports your request for a discharge. Failure to do so will result in denial of your claim.

Documentation for your requests may include, but is not limited to:

- Two or more current pay stubs
- Current employer statement (on company letterhead)
- Recent bank account information (e.g., savings or checking account statements)
- Statement from your treating physician stating that you are permanently disabled
- Recent Supplemental Security Income (SSI)/Retirement, Survivors, and Disability Insurance (RSDI) award letter
- Recent credit report
- Proof of bankruptcy filing (e.g., copy of bankruptcy petition)
- Prison documents (e.g., release order)
- Recent letter from a homeless shelter (written by a director or caseworker)
- Recent court documents established legal incapacitation
- Recent mortgage documents
- Income tax returns
- Current bills
- Current utility bills; and/or
- Recent medical bills

Acceptance or Denial of Your Request for Arrears Management

The Friend of the Court will review the DHS-681, along with any additional information that you submitted. The Department of Human Services Guidelines will be used to determine your eligibility for the Arrears Management Program.

The Friend of the Court will notify you of their decision and if necessary, inform you of other options available to you.

QUESTIONS?

Call the Wayne County Friend of the Court at (877) 543-2660 or email FOC-Help@3rdcc.org. Employees of the Friend of the Court and the Wayne County Circuit Court cannot give you legal advice or help prepare documents. General Court information can be found on the website: www.3rdcc.org.



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
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 phone	
Custodial party name(s) or docket number(s) (if known)			

YOUR SITUATION

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

Name	Age	How is this person related to you?	Does this person have income/ help pay household expenses?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

1. In your living situation, do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other If other, please explain:
2. Do you have any child support cases in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s)? _____ Case number(s) if known: _____
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 time if the FOC "matched" the payment amount by discharging an equal amount of your state-owed debt? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what amount could you pay all at one time to qualify for a matching discharge? \$ _____

6. Please select your highest level of education:

- | | |
|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Two-year college degree (associate's) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Four-year college degree (bachelor's) |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate degree (master's, J.D., etc.) |

7. Do you have any specialized job training or licenses (examples: apprenticeship, certification, etc.)?

- Yes No

If yes, please describe:

8. Are you currently employed: Full-time Part-time Unemployed

If unemployed, are you eligible for unemployment benefits? Yes 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 one:

Employer phone: _____

10. Are you currently incarcerated (in jail or prison)? Yes No

If yes, please complete the following:

Prisoner ID: _____

Date you expect to be released: _____

Prison/Jail location: _____

11. Have you been incarcerated in the past? Yes No

If yes, please list approximate start and end dates:

Start: _____ End: _____

Start: _____ End: _____

Start: _____ End: _____

12. If you answered yes to Question 11, is it hard for you to find employment because of previous jail, prison, or probation sentences? Yes No

If yes, please explain:

13. Are you receiving Social Security payments? Yes No

If yes, please provide a copy of your award letter or other proof to the FOC with this form, and complete the following:

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, please 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?
 Yes No

If yes, please provide proof to the FOC with this form.

15. Do you currently receive public assistance (FIP, Medicaid, Food Stamps, etc.)? Yes No

If yes, what kind of assistance? _____

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? Yes No

If yes, length of time: _____

19. In the past six months, have you been unable to pay medical bills (for either yourself or a family member) that you must pay? Yes 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	Social Security (SSI, disability, retirement, etc.)	Veterans Administration (VA) benefits
Unemployment	Pension	Child support received (for all cases)	Spousal support
Settlement (legal settlement, insurance settlement, annuity)	Other income (describe source and monthly amount)		

ASSET INFORMATION

Do you have a savings, checking, or other non-retirement account? Yes No

If yes, total amount in all accounts: \$ _____ Date: _____

Bank or financial institution name: _____

Do you have retirement savings such as 401(k)? Yes No

If yes, total amount in all retirement accounts: \$ _____ Date: _____

Bank or financial institution name: _____

Do you own or lease a car or truck? Yes No

If yes, number of cars/trucks owned or leased: _____

Do you have any of these items worth over \$500?

Computer/Tablet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Snowmobile:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jewelry:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Camper:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motorcycle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

AVERAGE MONTHLY EXPENSES (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 \$
Spousal support \$	Insurance (car, life, medical, homeowners) \$	Other monthly payment(s) (describe) \$	

DEBTS (your share or the amount you pay)

Total balance on credit card(s) \$	Date	Total balance on medical bills (self) \$	Date	Total balance on medical bills (family) \$	Date
Do you owe restitution as a result of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$			
Do you owe fees, fines, and/or court costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$			
Do you owe someone as a result of a court judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No		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

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.