



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. 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

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

DHS-681/FEN681, REQUEST TO FORGIVE DEBT OWED TO THE STATE
(Revised 4-25)

You can ask the Friend of the Court to consider forgiving some of the money you owe to the State of Michigan for child support. Complete this form and send it to the Friend of the Court office where your child support case is located. The information you enter on this form could help the Friend of the Court find ways to reduce the money that you owe. The Friend of the Court will not forgive money you owe to the other parent. If you have court orders in more than one county, you may send a copy of this form to each county.

SECTION 1 – TELL US YOUR PERSONAL INFORMATION

Name (First, Middle, Last, Suffix)		Date of birth	
Social Security number		Driver's license or state ID number	
Street address	City	State	Zip code
Email	Home phone	Cell phone	

List the other parent's name(s) and case number(s), if known, for any child support cases that you have in Michigan.

List the state(s) and case number(s), if known, for any child support cases that you have in other states.

SECTION 2 – TELL US WHO LIVES WITH YOU

Name (First, Middle, Last, Suffix)	Age	How is the person related to you?	Does this person help to pay your monthly 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

SECTION 3 – TELL US ABOUT YOURSELF

The questions below will help us determine your ability to pay your child support debt. Friend of the Court staff may schedule a follow-up meeting with you in person or by phone. You may be asked to complete more paperwork or provide more information.

Your Situation

1. Do you have child support cases in other states? Yes No
 2. Do you care for your child(ren) when the other parent is at work or school? Yes No
 3. Do you provide non-money support such as transportation and clothing for your child(ren)? Yes No
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Your Education and Skills

4. Did you complete high school? Yes No
 5. Do you have a college degree? Yes No
 6. Do you have any special job training or skills? Yes No
 7. Are you permanently disabled? Yes No
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Your Other Sources of Income and Assistance

8. Are you receiving Social Security benefits? Yes No
 9. Are you receiving veterans' benefits? Yes No
 10. Are you receiving unemployment benefits? Yes No
 11. Are you receiving pension benefits or spousal support? Yes No
 12. Are you expecting any money from an insurance claim or legal settlement? Yes No
 13. Are you expecting any money from a will, estate, or trust fund? Yes No
 14. Are you receiving food assistance, Medicaid, or cash assistance payments? Yes No
 15. Are you currently homeless or living in a homeless shelter? Yes No
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Assets

16. Do you own a motorcycle, boat, or camper? Yes No
 17. Do you have any checking, savings, or other bank accounts? Yes No
 18. Do you have a 401(k) account or retirement savings? Yes No
 19. Do you own a car? Yes No
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Expenses

20. Do you have a car payment each month? Yes No
 21. Do you have medical bills that you must pay? Yes No
 22. Do you have to pay any medical bills for a family member? Yes No
 23. Has the court ordered you to pay any other debts besides child support? Yes No
 24. Do you owe any court fines or fees? Yes No
 25. Have you filed for bankruptcy? Yes No
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Additional Information

26. Are you willing to take a budgeting class? Yes No
27. Are you currently in jail or prison? Yes No
28. Are you willing to do volunteer work? Yes No
29. Are you willing to attend a job training program? Yes No

SECTION 4 – TELL US ABOUT YOUR INCOME AND EXPENSES

- How much money do you make from work each month? \$
- How much money do you receive from Social Security, unemployment, or other income each month? \$
- How much more can you pay for your current child support each month? \$
- How much more can you pay each month toward your past-due child support? \$
- How much can you pay all at once toward your past-due child support debt? \$
- How much is your rent or mortgage each month? \$
- How much do you pay for medical bills each month? \$
- How much do you pay for your credit card debt each month? \$

SECTION 5 – TELL US ABOUT YOUR EMPLOYER

Employer's name Employer's phone number

Employer's street address City State Zip code

SECTION 6 – TELL US MORE (OPTIONAL)

You may use the space below to enter additional information that you feel the Friend of the Court should consider when determining your eligibility to forgive some of your child support debt. You may include more pages if you need more space.

Note: If any of your child support debt is forgiven based on incorrect, incomplete, or false information you provided, the Friend of the Court may add your child support debt back to the total amount that you owe.

SECTION 7 – SIGNATURE

Sign below if you believe the information you have provided on this form is correct and complete.

Signature Print Name Date

NEXT STEPS

1. Make a copy of this form for each Friend of the Court office where you have a child support case with child support debt.
2. Send a copy of this form to each office.

The Friend of the Court will review your information and contact you.

You can find Spanish and Arabic versions of this form at www.michigan.gov/childsupportpubs.

Puede encontrar versiones de este formulario en español y árabe en www.michigan.gov/childsupportpubs.

يمكنك العثور على النسخة الإسبانية والعربية من هذا النموذج على الرابط www.michigan.gov/childsupportpubs.

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