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| <p align="center"><b>STATE OF MICHIGAN<br/>JUDICIAL CIRCUIT<br/>COUNTY</b></p> | <p align="center"><b>DETERMINATION ON ARREARAGE</b></p> | <p align="center"><b>CASE NO.</b></p> |
|--|---|---------------------------------------|

Friend of the Court address

FAX no.

Telephone no.

Plaintiff name, address, and telephone no.

**v**

Defendant name, address, and telephone no.

TO: \_\_\_\_\_  
Payer

(This notice is for the payer. A copy is sent to the payee for his/her information only)

1. Date of review: \_\_\_\_\_

Officer: \_\_\_\_\_

2. A notice of arrearage was sent to the payer on

\_\_\_\_\_  
Date

3. A review was requested by the payer named in the above address to object to:

- perfection of a lien.
- reporting of support information to a consumer reporting agency.
- submission for tax refund offset.

4. The payer failed to appear at the hearing and the allegations of the notice are adopted.

5. The hearing is adjourned to \_\_\_\_\_ for the following reason(s):  
Date

6. The person objecting to the support enforcement action is not the person ordered to pay support in this case. The friend of the court will take appropriate action to terminate the enforcement action.

7. The arrears reflected in the records of the friend of the court are correct.

- a. Enforcement will proceed as indicated in the notice to the payer.
- b. Other:

8. The arrears reflected in the records of the friend of the court are incorrect. The correct amount is \$ \_\_\_\_\_ as of

\_\_\_\_\_  
Date

- a. The corrected arrears meet the criteria for
  - perfecting a lien.
  - consumer reporting.
  - tax refund offset.

The friend of the court will report the corrected arrearage to the appropriate agency.

Enforcement will be modified as follows:

b. The corrected arrears do not meet the criteria for the indicated enforcement action. The friend of the court will take appropriate action to terminate the enforcement action.

9. Other:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature