

Original - Friend of the court
1st copy - Lien recorder
Additional copies as needed

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF LIEN	CASE NO. (Claimant's Case Number)
Friend of the court address	FAX no.	Telephone no.

TO: Lien recorder

Plaintiff name, address, and telephone no. obligor

FROM: Friend of the Court - Claimant (address above)
 This lien results from a support order entered on _____
 Date _____ by the _____ Circuit Court,
 _____ County, Michigan. This order
 requires the obligor named above to pay support in the amount of \$ _____
 per _____.

v

Defendant name, address, and telephone no. obligor

Obligor's date of birth

As of _____ the obligor owes unpaid support in the amount of \$ _____ and this lien amount is subject to an interest rate of 0%. Michigan support orders accrue a statutory surcharge semiannually as defined in MCL 552.603a. Prospective amounts of support, not paid when due, are judgments and accrue to the lien amount. This lien attaches to all nonexempt real and personal property of the obligor named above that is located or recorded within the state/county/other subdivision of the state of filing, including any property specifically described as follows:

The priority and enforcement aspects of this lien are governed by the law of the state where the property is located. An obligor must follow the laws and procedures of the state where the property is located or recorded to contest or challenge this lien. This lien remains in effect until released by the claimant or in accordance with the laws of the state of filing.

Note to Lien Recorder: Please provide the claimant with a copy of the filed lien, containing the recording information, at the address above. As an authorized agent of a state, or subdivision of a state, responsible for implementing the support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 USC 651 *et seq.*), I have authority to file this support lien in any state or U.S. Territory.

For other information regarding this lien, including payoff amount, contact the claimant at the above address. Please reference the above case number.

Signature of friend of the court authorized representative

Name (type or print)

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Notary public

Notary public, State of Michigan, County of _____
Name (type or print)

Date served on lien recorder: _____