STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF REVIEW ON ARREARAGE (CONSUMER REPORTING AGENCY)	CASE NO. and JUDGE

Friend of the court address **Telephone no.**

Payer name, address, and telephone no.
TO:

Payee name, address, and telephone no.
(This notice is for the payer. A copy is sent for your information only.)

1. Date of notice: _____

2. The friend of the court office received a written request from you to review a mistake of fact concerning either your identity or arrearage.

3. A review has been scheduled as follows:

_____
Date Time

_____
Location of review

_____

_____

_____
Name of officer conducting review

4. Bring documentation, records, or any other necessary information with you to the review, which details a mistake of fact.
☐ Additionally, bring the following:

5. You may bring an attorney with you to the review.

FRIEND OF THE COURT

Distribute form to:
Friend of the court
Payer
Payee