

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO. and JUDGE
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Court address Court telephone no.

Plaintiff's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney, bar no., address, and telephone no.

On _____ an order was entered exempting this case from friend of the court services.
Date

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office.

As required, I have provided a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D) to the friend of the court office.

Date

Signature

CERTIFICATE OF MAILING

I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature