

STATE OF MICHIGAN WAIVER AND DIRECT PAY **CASE NUMBER**
54TH JUDICIAL CIRCUIT OF SUPPORT PAYMENTS _____
FAMILY DIVISION

Friend of the Court, 440 N. State Street, Caro MI 48723 telephone: 989-673-4848
fax: 989-673-4898

Plaintiff's Name, Address and Telephone Number

Defendant's Name, Address and Telephone Number

Please Print

Now comes _____, the payee in the above matter and states as
(Your name)
follows:

Choose only ONE box:

[] I agree to waive \$_____ of the past due support that is owed to me.

[] I have received the sum of \$_____ for support directly from the payer,

(Name of payer)

NOTE: CREDIT CANNOT BE GIVEN FOR ANY PERIOD OF TIME PRIOR TO THE EFFECTIVE DATE OF THE SUPPORT.

I understand that once the waived amount or direct pay amount is applied to the account, it will no longer be collected by or through the Friend of the Court office. I request the Friend of the Court records to reflect the above stated credit.

Dated: _____

Payee Signature

Payee Printed Name

FCREDIT