

Lump Sum Registration Form

Docket # _____

Return this form to the Friend of Court via mail or in person.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Employer: _____

Address/Phone: _____

I agree to report my employer and my current address. I also agree to report any changes to my employment or address.

I agree to pay \$_____ toward my child support arrears.

In return I understand that I will receive a total credit of \$_____ from my child support arrearages owed to the State of Michigan.

I understand that I will still be responsible to pay any other debt on my case.

Signature

Date

Friend of Court Approval:

Signature

Date

FOR FOC USE ONLY:

Date of Payment: _____

Amount of Payment: _____

Date of Credit: _____

Amount of Credit: _____