

CAROTS 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 any change of employment through the end of this agreement.

I agree to make monthly payments of \$_____ each and every month. I understand that if I do not meet the minimum payments required 3 times during the course of this agreement, the agreement will be terminated and any future credits to my State arrearages will be forfeited.

I currently owe: \$_____ in child support arrearages owed to the State of Michigan.

After signing this agreement and making my first payment, I will receive a credit of \$_____ (20%)

As long as I continue monthly payments I will receive the following credits toward my child support arrears owed to the State of Michigan.

After 3 months of payments (10%)	\$_____	After 6 months of payments (10%)	\$_____
After 1 year of payments (20%)	\$_____	After 18 months of payments (20%)	\$_____
After 2 years of payments (20%)	\$_____		

I understand that after successfully completing this agreement I will receive a total credit of \$_____ from my child support arrearages owed to the State of Michigan, *not to exceed the total owed.*

I understand that I will still be responsible to pay any other debt on this case and any other case I may have.

Signature

Date

Friend of Court Approval:

Signature

Date

FOR FOC USE ONLY:

Docket # _____

Date

Amount

Missed Payments

_____ **Sign-up credit given**

Date

_____ **3 month credit**

_____ **6 month credit**

_____ **12 month credit**

_____ **(agreement terminated)**

_____ **18 month credit**

_____ **24 month credit**
