

RETURN TO: St. Clair County Friend of Court
201 McMorran Blvd, Rm 1600
Port Huron MI 48060

DPC

*****CREDIT SLIP*****

DATE:

CASE NAME:

DOCKET NUMBER:

I, _____, would like to credit my child

support / alimony / child-care / medical account as follows (choose one):

___ Lump sum payment of _____. ***

___ In full for all arrears owed to me as of the end of the last month. ***

___ In full for all arrears including current support. ***

I am / was not receiving TANF benefits (cash assistance) and/or Medicaid for the period of time this credit is being allowed. I understand that a credit can only be given up to the total amount owed to me. Anything beyond the amount owed to me at the time of this credit will not be adjusted off the balance on my account. I further understand that once this credit is given, it cannot later be added back on the account as debt owed.

Signed

***An amount of \$100 or more must be notarized in order for credit to be applied to the account. **The court may deny a direct payment credit.**

FRIEND OF COURT USE:

Subscribed and sworn to me on this
_____ day of _____ 20

Notary Public

Commission Expires: _____

TYPE OF CREDIT

Direct payment _____
Clear account _____
Credit account _____
Other _____
(state reason)