

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>NOTICE OF REDIRECTION OR ABATEMENT OF CHILD SUPPORT</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name, address, and telephone no.	<b>v</b>	Defendant's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.
Current support recipient's name and address		Proposed support recipient's name and address

1. Based on your most recent support order dated \_\_\_\_\_, the friend of the court will be taking the following action regarding support charges unless a written objection is filed with the friend of the court:

- Redirection of Support:**  
The current support ordered for the minor child(ren) will be sent to \_\_\_\_\_, the person providing the actual care, support, and maintenance of the minor child(ren).
- Abatement of Support (Child Living Full-Time with Payer):**  
The current support ordered for the minor child(ren) will be abated because it is reported that the minor child(ren) are residing full-time with the payer of support.
- Abatement of Support (Payer Incarcerated):**  
The current support for the minor child(ren) will be abated to zero because it is reported that the payer will be incarcerated for at least 180 consecutive days without the ability to pay.
- Abatement of Support (Payer Incapacitated):**  
The current support ordered for the minor child(ren) will be abated to zero because it is reported that the payer will be incapacitated, as defined in the current or subsequent Michigan Child Support Formula, for at least  
 180 days.     \_\_\_\_\_ days.

2. This change is effective on \_\_\_\_\_ and redirects or stops support charges for \_\_\_\_\_  
Date Payer's name

with regard to the following children: \_\_\_\_\_

3. This change will take place unless the friend of the court receives a written objection within 21 days of the mailing of this notice. Objections must state mistake of identity or mistake of fact such as the child does not live with the person listed, the payer has the ability to pay, the payer will not be incarcerated for 180 days or more, or the payer will not be incapacitated for the length of time listed on the notice.
4. If an objection is filed within 21 days, the friend of court will review it, and send you additional information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Friend of the court/Authorized representative

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this notice to the parties or their attorneys and the person(s) named above by first-class mail addressed to their last-known addresses as defined in 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