

**ST. CLAIR COUNTY FRIEND OF THE COURT**  
**SUPPORT COMPLAINT / REVIEW REQUEST FORM**

**Docket Number:** \_\_\_\_\_

**CASE NAME:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

- Requesting enforcement for**
  - child support**
  - medical support**
  - child care**
  - spousal support**

The last payment was received on \_\_\_\_\_

- Request review of the current support order, if eligible**
- Adjusting Income Withholding**

**Information on other party:**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Current Parenting Time Schedule:** \_\_\_\_\_

\_\_\_\_\_

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**Signature**

**Date**