

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF ARREARAGE (CONSUMER REPORTING AGENCY)	CASE NO.
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Friend of the Court address FAX no. Telephone no.

Plaintiff name, address, and telephone no.

TO: _____
Payer
(This notice is for the payer. A copy is sent to the payee for his/her information only)

1. Date of notice: _____
2. The Office of the Friend of the Court has reviewed your files and determined there is an arrearage of:

Defendant name, address, and telephone no.

Arrearages reported are only those that can be reported according to the definition of support.

3. a. Michigan law requires support information for payers with 2 or more months arrearage to be made available to a consumer reporting agency. Once your support information is reported, it will continue to be provided to the consumer reporting agency on a monthly basis until your support arrearage is eliminated.
- b. The Friend of the Court has received a request from a consumer reporting agency for information regarding your support account. Under Michigan law, the Friend of the Court is required to provide current support information.
4. Your support information **will be** reported to a consumer reporting agency unless you:
- a. pay the entire arrearage within **21 days** after the date this notice is sent. (applies only if item 3.a. above is checked)
 - b. request a review within **14 days** after the date this notice is sent. You may request a review only if there is a mistake of fact about the amount of arrearage or the identity of the payer.
 - c. obtain an order exempting your support order from enforcement.

FRIEND OF THE COURT

Check this box if you want to request a review. Then date and sign the request and return it to the friend of the court.

REQUEST FOR REVIEW

I request a review because

- a. I am not the payer named in the notice.
- b. my arrearage is listed incorrectly. My arrearage is \$ _____ .

_____ Date

_____ Signature