

Approved, SCAO

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

NOTICE OF PROPOSED
LICENSE SUSPENSION AND
REQUEST FOR HEARING

CASE NO.

Friend of the Court address

FAX no.

Telephone no.

Plaintiff name, address, and telephone no. Payer

Defendant name, address, and telephone no. Payer

TO THE PAYER:

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

3. Under Michigan law, if you have an arrearage of support of 6 or more months, your driver's, occupational, recreational, and/or sporting licenses may be subject to a suspension order.
4. A suspension order will be entered and sent to the licensing agency unless you:
 - a. pay support and arrearages in full within **21 days**; or
 - b. request a hearing on the proposed suspension within **21 days** after the date this notice is sent. See Request below.
5. You may request a hearing only for the following reasons:
 - a. there is a mistake of fact about your identity as the payer;
 - b. there is a mistake of fact about the amount of arrearage and you can show that the arrearages are less than 6 months worth of the current support amount;
 - c. to suggest an arrearage repayment schedule; or
 - d. to request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.
6. If you believe the support amount should be modified due to a change in circumstances, you must: 1) file with the court a petition to modify the support order; and 2) request a hearing on the proposed suspension within 21 days after the date this notice is sent.
7. Once an order of suspension is entered and sent to a licensing agency, **you will be responsible for paying all fees and charges imposed by that agency for reinstatement of the license.**
8. If you wish to request a hearing on the proposed suspension, complete the Request for Hearing below and return a copy of this form to the above friend of the court address. If you require special accommodations to use the court because of a disability, please contact the court immediately to make arrangements. When contacting the court, always provide your case number(s).

FRIEND OF THE COURT

REQUEST FOR HEARING

- I request** a hearing on the proposed license suspension based on the following issue(s): check the reason(s) that apply
- a. there is a mistake of fact about my identity as the payer.
 - b. there is a mistake of fact about the amount of arrearage and I can show that arrearages are less than 6 months worth of the current support amount.
 - c. to suggest an arrearage repayment schedule.
 - d. to request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.

Date

Signature of payer