



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

REQUEST TO DISCHARGE STATE-OWED DEBT

If you think you have good reasons for the Friend of the Court (FOC) to discharge (forgive or waive) your state-owed debt, please complete all information on this form, and return it to the FOC office where your court order is located. You may include more pages if you need more space. You may be asked to fill out more paperwork or provide proof of any of this information. FOC staff may schedule a follow-up meeting with you in person or by phone.

If you have a court order in more than one county, please provide a copy of this form to each FOC office where you are seeking discharge of state-owed debt.

PERSONAL INFORMATION

Name	Date of birth	Social Security number	Driver's license or state ID number
Address			
Email	Home phone	Cell phone	
Custodial party name(s) or docket number(s) (if known)			

YOUR SITUATION

Below, please list who lives with you in your household, including children.

Name	Age	How is this person related to you?	Does this person have income/ help pay household expenses?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

1. In your living situation, do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other If other, please explain:
2. Do you have any child support cases in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s)? _____ Case number(s) if known: _____
3. How much can you pay in current child support? \$ _____ /month
4. How much can you pay toward past-due support? \$ _____ /month
5. Would you be able to pay at least \$1,000 at one time if the FOC "matched" the payment amount by discharging an equal amount of your state-owed debt? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what amount could you pay all at one time to qualify for a matching discharge? \$ _____

6. Please select your highest level of education:

- | | |
|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Two-year college degree (associate's) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Four-year college degree (bachelor's) |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate degree (master's, J.D., etc.) |

7. Do you have any specialized job training or licenses (examples: apprenticeship, certification, etc.)?

- Yes No

If yes, please describe:

8. Are you currently employed: Full-time Part-time Unemployed

If unemployed, are you eligible for unemployment benefits? Yes No

If no, why not?

If unemployed at any time in the past three years, please identify below which months you were **unemployed and not receiving unemployment benefits**. (You weren't eligible for benefits, or they had run out.)

(Examples: 1/2011, 4/2012, etc.)

9. Current employer name and address, if you have one:

Employer phone: _____

10. Are you currently incarcerated (in jail or prison)? Yes No

If yes, please complete the following:

Prisoner ID: _____

Date you expect to be released: _____

Prison/Jail location: _____

11. Have you been incarcerated in the past? Yes No

If yes, please list approximate start and end dates:

Start: _____ End: _____

Start: _____ End: _____

Start: _____ End: _____

12. If you answered yes to Question 11, is it hard for you to find employment because of previous jail, prison, or probation sentences? Yes No

If yes, please explain:

13. Are you receiving Social Security payments? Yes No

If yes, please provide a copy of your award letter or other proof to the FOC with this form, and complete the following:

Date you began receiving payments: _____

Type of payments: SSI Disability Retirement

Are you permanently disabled according to the Social Security Administration (SSA)? Yes No

If yes, please provide proof to the FOC with this form.

14. Do you have a disability or other health issue(s) that may prevent you from working full-time, or from working at all?
 Yes No

If yes, please provide proof to the FOC with this form.

15. Do you currently receive public assistance (FIP, Medicaid, Food Stamps, etc.)? Yes No

If yes, what kind of assistance? _____

16. Are you currently under a bankruptcy plan, or are you in the process of filing for bankruptcy? Yes No

17. Do you expect to receive money from a will, estate, or trust? Yes No

18. Are you currently living in a homeless shelter or taking part in a homelessness program? Yes No

If yes, length of time: _____

19. In the past six months, have you been unable to pay medical bills (for either yourself or a family member) that you must pay? Yes No

20. In the past six months, have you been unable to pay other bills that you must pay? Yes No

If yes, list bills you are unable to pay: _____

21. Do you spend time with your child(ren) on a regular basis, attend school activities, and/or consistently exercise your court-ordered parenting time? Yes No

22. In addition to your regular parenting time schedule, do you care for your children while the other parent is at work, at school, etc.? Yes No

If yes, list how many hours you do this per week: _____

23. Do you provide non-money support (examples: transportation, clothing, etc.) to your children? Yes No

24. Would you be willing to take a finance or budget class? Yes No

25. Would you be willing to attend a jobs program? Yes No

26. Would you be willing to do volunteer work? Yes No

If yes, how many hours per week are you willing to volunteer? _____

MONTHLY INCOME INFORMATION (List gross amounts – before taxes)

Income from job(s)	Workers' compensation	Social Security (SSI, disability, retirement, etc.)	Veterans Administration (VA) benefits
Unemployment	Pension	Child support received (for all cases)	Spousal support
Settlement (legal settlement, insurance settlement, annuity)		Other income (describe source and monthly amount)	

ASSET INFORMATIONDo you have a savings, checking, or other non-retirement account? Yes No

If yes, total amount in all accounts: \$ _____ Date: _____

Bank or financial institution name: _____

Do you have retirement savings such as 401(k)? Yes No

If yes, total amount in all retirement accounts: \$ _____ Date: _____

Bank or financial institution name: _____

Do you own or lease a car or truck? Yes No

If yes, number of cars/trucks owned or leased: _____

Do you have any of these items worth over \$500?

Computer/Tablet: Yes No Snowmobile: Yes NoBoat: Yes No Jewelry: Yes NoCamper: Yes No Tools: Yes NoMotorcycle: Yes No Other: _____ Yes No**AVERAGE MONTHLY EXPENSES (your share or the amount you pay)**

Rent/mortgage \$	Electric \$	Cable/satellite TV \$	Water \$
Natural gas/oil \$	Child support \$	Phone (home/cell) \$	Credit cards \$
Medical bills \$	Car payments \$	Child care \$	Education \$
Spousal support \$	Insurance (car, life, medical, homeowners) \$	Other monthly payment(s) (describe) \$	

DEBTS (your share or the amount you pay)

Total balance on credit card(s) \$	Date	Total balance on medical bills (self) \$	Date	Total balance on medical bills (family) \$	Date
Do you owe restitution as a result of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$			
Do you owe fees, fines, and/or court costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$			
Do you owe someone as a result of a court judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed: \$			

Please note that if any of your state-owed debt is discharged based on incorrect, incomplete, or false information you provided, the FOC may reinstate the debt forgiven (add it back to the total amount owed in support).

Please sign below to indicate that you believe the information you have provided on this form is correct and complete.

Signature_____
Print Name_____
Date

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.