



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNORELIZABETH HERTEL
DIRECTOR**DHS-681/FEN681, REQUEST TO FORGIVE DEBT OWED TO THE STATE**

(Revised 4-25)

You can ask the Friend of the Court to consider forgiving some of the money you owe to the State of Michigan for child support. Complete this form and send it to the Friend of the Court office where your child support case is located. The information you enter on this form could help the Friend of the Court find ways to reduce the money that you owe. The Friend of the Court will not forgive money you owe to the other parent. If you have court orders in more than one county, you may send a copy of this form to each county.

SECTION 1 – TELL US YOUR PERSONAL INFORMATION

Name (First, Middle, Last, Suffix)		Date of birth	
Social Security number		Driver's license or state ID number	
Street address	City	State	Zip code
Email	Home phone	Cell phone	

List the other parent's name(s) and case number(s), if known, for any child support cases that you have in Michigan.

List the state(s) and case number(s), if known, for any child support cases that you have in other states.

SECTION 2 – TELL US WHO LIVES WITH YOU

Name (First, Middle, Last, Suffix)	Age	How is the person related to you?	Does this person help to pay your monthly 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

SECTION 3 – TELL US ABOUT YOURSELF

The questions below will help us determine your ability to pay your child support debt. Friend of the Court staff may schedule a follow-up meeting with you in person or by phone. You may be asked to complete more paperwork or provide more information.

Your Situation

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have child support cases in other states? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you care for your child(ren) when the other parent is at work or school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you provide non-money support such as transportation and clothing for your child(ren)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Your Education and Skills

- | | | |
|--|------------------------------|-----------------------------|
| 4. Did you complete high school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have a college degree? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have any special job training or skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you permanently disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Your Other Sources of Income and Assistance

- | | | |
|---|------------------------------|-----------------------------|
| 8. Are you receiving Social Security benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you receiving veterans' benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you receiving unemployment benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are you receiving pension benefits or spousal support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are you expecting any money from an insurance claim or legal settlement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are you expecting any money from a will, estate, or trust fund? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are you receiving food assistance, Medicaid, or cash assistance payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are you currently homeless or living in a homeless shelter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Assets

- | | | |
|--|------------------------------|-----------------------------|
| 16. Do you own a motorcycle, boat, or camper? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you have any checking, savings, or other bank accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you have a 401(k) account or retirement savings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you own a car? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Expenses

- | | | |
|---|------------------------------|-----------------------------|
| 20. Do you have a car payment each month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Do you have medical bills that you must pay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Do you have to pay any medical bills for a family member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Has the court ordered you to pay any other debts besides child support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Do you owe any court fines or fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Have you filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Additional Information

- | | | |
|---|------------------------------|-----------------------------|
| 26. Are you willing to take a budgeting class? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Are you currently in jail or prison? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Are you willing to do volunteer work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Are you willing to attend a job training program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 4 – TELL US ABOUT YOUR INCOME AND EXPENSES

- | | |
|---|----|
| How much money do you make from work each month? | \$ |
| How much money do you receive from Social Security, unemployment, or other income each month? | \$ |
| How much more can you pay for your current child support each month? | \$ |
| How much more can you pay each month toward your past-due child support? | \$ |
| How much can you pay all at once toward your past-due child support debt? | \$ |
| How much is your rent or mortgage each month? | \$ |
| How much do you pay for medical bills each month? | \$ |
| How much do you pay for your credit card debt each month? | \$ |

SECTION 5 – TELL US ABOUT YOUR EMPLOYER

- | | | | |
|---------------------------|------|-------------------------|----------|
| Employer's name | | Employer's phone number | |
| Employer's street address | City | State | Zip code |

SECTION 6 – TELL US MORE (OPTIONAL)

You may use the space below to enter additional information that you feel the Friend of the Court should consider when determining your eligibility to forgive some of your child support debt. You may include more pages if you need more space.

Note: If any of your child support debt is forgiven based on incorrect, incomplete, or false information you provided, the Friend of the Court may add your child support debt back to the total amount that you owe.

SECTION 7 – SIGNATURE

Sign below if you believe the information you have provided on this form is correct and complete.

- | | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

NEXT STEPS

1. Make a copy of this form for each Friend of the Court office where you have a child support case with child support debt.
2. Send a copy of this form to each office.

The Friend of the Court will review your information and contact you.

You can find Spanish and Arabic versions of this form at www.michigan.gov/childsupportpubs.

Puede encontrar versiones de este formulario en español y árabe en
www.michigan.gov/childsupportpubs.

يمكنك العثور على النسختين الإسبانية والعربية من هذا النموذج على الرابط www.michigan.gov/childsupportpubs.

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