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| State of Michigandepartment of HEALTH AND human servicesLansingGRETCHEN WHITMERgovernorROBERT GORDONdirector |

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| 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? |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
|       |     |       | [ ]  Yes | [ ]  No |
| 1. | In your living situation, do you: | [ ]  Rent | [ ]  Own | [ ]  Other |
|  | If other, explain: |       |
| 2. | Do you have any child support cases in other states? | [ ]  Yes | [ ]  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? | [ ]  Yes | [ ]  No |
|  | If no, what amount could you pay all at one time to qualify for a matching discharge? | $      |  |
|  |  |  |  |
| 6. | Select your highest level of education: |
|  | [ ]  Some high school | [ ]  Two-year college degree (associate’s) |
|  | [ ]  High school diploma/GED | [ ]  Four-year college degree (bachelor’s) |
|  | [ ]  Some college | [ ]  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, 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, 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, list approximate start and end dates: |
|  | Start: |       |  | End: |       |  |
|  | Start: |       |  | End: |       |  |
|  | Start: |       |  | End: |       |  |
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| 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, explain: |
|  |       |
| 13. | Are you receiving Social Security payments? | [ ]  Yes | [ ]  No |
|  | If yes, 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, 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, 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? |       |  |
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| **MONTHLY INCOME INFORMATION (List gross amounts – before taxes)** |
| Income from job(s) | Workers’ compensation | Unemployment |
|       |       |       |
| Pension | Child support received (for all cases) | Spousal support |
|       |       |       |
| Social Security (SSI, disability, retirement, etc.) | Veterans Administration (VA) benefits |
|       |       |
| Settlement (legal settlement, insurance settlement, annuity) | Other income (describe source and monthly amount) |
|       |       |
| **ASSET INFORMATION** |
| Do 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 | [ ]  No |
| Boat: | [ ]  Yes | [ ]  No | Jewelry: | [ ]  Yes | [ ]  No |
| Camper: | [ ]  Yes | [ ]  No | Tools: | [ ]  Yes | [ ]  No |
| Motorcycle: | [ ]  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** |
| 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? | If yes, amount owed |
| [ ]  Yes | [ ]  No | $      |
| Do you owe fees, fines, and/or court costs? | If yes, amount owed |
| [ ]  Yes | [ ]  No | $      |
| Do you owe someone as a result of a court judgment? | If yes, amount owed |
| [ ]  Yes | [ ]  No | $      |
| **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 |
|  |       |       |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. |