Original - Court 2nd copy - Plaintiff Approved, SCAO 1st copy - Friend of the court 3rd copy - Defendant STATE OF MICHIGAN CASE NO. JUDICIAL CIRCUIT **28TH REQUEST TO REOPEN** COUNTY FRIEND OF THE COURT CASE Court address Court telephone no. 401 N. LAKE ST., CADILLAC, MI 49601 (231) 779-9494 Plaintiff's name, address, and telephone no. Defendant's name, address, and telephone no. Attorney: Attorney: an order was entered exempting this case from friend of the court services. Date I REQUEST that the friend of the court case be reopened upon filing this request with the friend of the court office. I have attached a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D). Date Signature **CERTIFICATE OF MAILING** I certify that on this date I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203. Date Signature