



STATE OF MICHIGAN  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ROBERT GORDON  
 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

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:

<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, 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: \_\_\_\_\_

12. If you answered yes to Question 11, is it hard for you to find employment because of previous jail, prison, or probation sentences? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you receiving Social Security payments? 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: <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement Are you permanently disabled according to the Social Security Administration (SSA)? If yes, provide proof to the FOC with this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have a disability or other health issue(s) that may prevent you from working full-time, or from working at all? If yes, provide proof to the FOC with this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you currently receive public assistance (FIP, Medicaid, Food Stamps, etc.)? If yes, what kind of assistance? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are you currently under a bankruptcy plan, or are you in the process of filing for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you expect to receive money from a will, estate, or trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Are you currently living in a homeless shelter or taking part in a homelessness program? If yes, length of time: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. In the past six months, have you been unable to pay medical bills (for either yourself or a family member) that you <b>must</b> pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. In the past six months, have you been unable to pay other bills that <b>you</b> must pay? If yes, list bills you are unable to pay:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.? If yes, list how many hours you do this per week: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Do you provide non-money support (examples: transportation, clothing, etc.) to your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Would you be willing to take a finance or budget class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Would you be willing to attend a jobs program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Would you be willing to do volunteer work? If yes, how many hours per week are you willing to volunteer? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, total amount in all accounts: \$ _____	Date: _____	
Bank or financial institution name: _____		
Do you have retirement savings such as 401(k)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, total amount in all retirement accounts: \$ _____	Date: _____	
Bank or financial institution name: _____		
Do you own or lease a car or truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, number of cars/trucks owned or leased: _____		
Do you have any of these items worth over \$500?		
Computer/Tablet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Snowmobile: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Jewelry: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Camper: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tools: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motorcycle: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed \$ _____	
Do you owe fees, fines, and/or court costs?		If yes, amount owed \$ _____	

<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Do you owe someone as a result of a court judgment?	If yes, amount owed
<input type="checkbox"/> Yes <input type="checkbox"/> 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
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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.