



**VOLUNTARY FORGIVENESS
OF PAST-DUE SUPPORT**

CASE NO.

Friend of the Court Address
219 E Paw Paw Street – Lower Level, Paw Paw, MI 49079

Court Telephone No.
(269) 657-7734
Fax No. (269) 657-8282

Your Name (Payee): _____

Date: _____

Name of Payer: _____

By signing this document, I am stating that I understand and agree to the following:

- I am signing this form voluntarily.
- I understand I cannot change my mind about forgiving the past-due support indicated below.
- I understand I am not eligible to forgive any past-due support if my children are receiving any public assistance.
- The amount of past-due support I am forgiving is \$_____

This document must be signed in front of a Notary Public

Signature of Payee: _____

Subscribed and sworn to before me this day of _____, 20_____.

Notary Public Signature _____

My commission expires _____ County

Acting in the County of _____.