

**SUPPORT CREDIT FORM
JACKSON COUNTY FRIEND OF THE COURT**

The Friend of the Court (FOC) discourages the use of credits on child and/or spousal support accounts. Still, credits are sometimes unavoidable. A payee can use this form to give credit to a payer's support accounts. The FOC allows two (2) credits the first year of a case and one (1) credit per year thereafter. Cases exceeding the allowable credits will be referred to the Enforcement Unit for enforcement, since the payer is violating their Court order by not making payments through the Michigan State Disbursement Unit or the FOC.

Date: _____ Court Order Number: _____

Name of Payer of Support: _____

Name of Payee of Support: _____

Payee Telephone Number: _____

Payee Drivers License No.: _____

By signing this document, I am giving my consent to credit the payer's account(s) as follows:

- I am giving my signed consent to **fully** credit the payer's account for **all** support arrearages that are owed to me.
- I am giving my signed consent to **partially** credit the payer's account for **certain** support accounts and/or arrearages that are owed to me. Credit should be applied as follows:

Account Description	Credit To Be Applied Per Acct.
Child Support	\$
Ordinary Medical [Delinquent portion of monthly amount payer pays to reimburse payee's anticipated qualifying annual ordinary medical expenses within calendar year].	\$
Child Care	\$
Spousal Support	\$
Medical Reimbursement [Delinquent portion the payer owes the payee for uninsured medical expenses exceeding the annual ordinary medical expense amount.].	\$
TOTAL AMOUNT OF CREDIT TO BE GIVEN	\$

CAUTION: A payee cannot request a credit towards arrearages that are owed to the State of Michigan or another agency. A credit can only be requested for arrearages that are owed to the payee. Prior to requesting a credit, the payee must contact the Friend of the Court to verify the payer's accounts and arrearages that are eligible to receive a credit. Once a credit is processed, it cannot be revoked without a court order.

Payee Signature: _____

Subscribed and sworn before me on this

_____ day of _____

Notary Public, Jackson County, MI

My Commission Expires _____