



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
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: _____

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 <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 must pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. In the past six months, have you been unable to pay other bills that you 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? 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:	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount owed \$	

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

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 will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.