

# STATE CASE REGISTRATION OF A NON-IV-D AND OPT OUT CASE

Michigan Department of Health and Human Services  
Office of Child Support

## OFFICE INFORMATION

Office providing the form:	
Office Contact Name:	
Telephone Number:	Email:

## COURT ORDER INFORMATION

Docket Number:	Order Type:	County:
Effective Date of Order:	Judge:	

## PARTY INFORMATION

Plaintiff Name:			
Address Line 1:			
Address Line 2:		City:	State: ZIP:
Date of Birth:	Social Security Number:	Telephone Number:	
Defendant Name:			
Address Line 1:			
Address Line 2:		City:	State: ZIP:
Date of Birth:	Social Security Number:	Telephone Number:	

## CHILD INFORMATION (For additional children, provide each child's Name, Date of Birth, Social Security Number, and Gender on an attached sheet.)

Child Name:		
Date of Birth:	Social Security Number:	Gender:
Child Name:		
Date of Birth:	Social Security Number:	Gender:
Child Name:		
Date of Birth:	Social Security Number:	Gender:
Child Name:		
Date of Birth:	Social Security Number:	Gender:
Child Name:		
Date of Birth:	Social Security Number:	Gender:
Child Name:		
Date of Birth:	Social Security Number:	Gender:

## IF PARTIES WILL SEND PAYMENTS TO THE MiSDU, COMPLETE THE FOLLOWING INFORMATION:

Obligation Type:	Obligation Amount:	Frequency:
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## IF PARTIES HAVE ATTACHED A COPY OF AN INCOME WITHHOLDING REQUESTING AN EMPLOYER OR OTHER PAYER TO SEND PAYMENT TO THE MiSDU, COMPLETE THE FOLLOWING INFORMATION:

Specific income withholding amount(s):	Current:	Arrears:
Employer FEIN:		
Employer Name:		
Employer Address Line 1:		
Employer Address Line 2:		
Employer City:	State:	ZIP:
Employer Contact Name:	Employer Contact Telephone Number:	

Mail, fax or email the completed form with a copy of the signed agreements, and any other pertinent information to:

OCS Central Operations Opt-Out  
ATTENTION: SCR Coordinator  
PO Box 30744  
Lansing, MI 48909  
Fax: 517-241-7234 or 517-335-3030  
Email: [FIA-OCS-CFU-Staff1@michigan.gov](mailto:FIA-OCS-CFU-Staff1@michigan.gov)

Email questions to the SCR Coordinator at: [FIA-OCS-CFU-Staff1@michigan.gov](mailto:FIA-OCS-CFU-Staff1@michigan.gov) or [FIA-OCS-CFU-Staff2@michigan.gov](mailto:FIA-OCS-CFU-Staff2@michigan.gov)

Authority: 42 USC 654(6)(A) 45 CFR 307.11(e) and (f)	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.
Response: Required	
Penalty: No complaint filed	

## INSTRUCTIONS FOR COMPLETING THE DHS-1424 FORM

### PURPOSE OF FORM:

Friend of the Court (FOC), Prosecuting Attorney (PA), State Court Administrative Office (SCAO) and/or any party on an order choosing not to use IV-D services and opt out of FOC services will use the *STATE CASE REGISTRATION OF A NON-IV-D AND OPT OUT CASE* (DHS-1424) form to provide case information to the State Case Registry (SCR). The Office of Child Support (OCS) SCR staff will use the DHS-1424 to process the case information.

### OFFICE INFORMATION:

If you are a IV-D worker completing this form:

- *Office providing the form:* Enter the full name of the office requesting the service;
- *Office Contact Name:* Enter the full name of the office contact;
- *Telephone Number:* Enter the office telephone number including the area code; and
- *Email:* Enter the office email contact address.

### COURT ORDER INFORMATION:

All persons completing this form must:

- *Docket Number:* Enter the full 10-digit docket number (e.g., 2009123456);
- *Order Type:* Enter the order type (e.g., Divorce – Minor Children [DM], Family Support [DS]);
- *County:* Enter the county name in which the case was reviewed;
- *Effective Date of Order:* Enter the effective date of the court order (e.g., MM/DD/YYYY); and
- *Judge:* Enter the full name of the judge granting the order.

### PARTY INFORMATION:

All persons completing this form must:

- ***Plaintiff Name:*** Enter the full name of the plaintiff (first name, middle initial, and last name);
- *Address Line 1:* Enter the plaintiff's current full street address;
- *Address Line 2:* Enter the plaintiff's additional address information (e.g., APT # 312);
- *City:* Enter the city where the plaintiff lives;
- *State:* Enter the two-letter postal service abbreviation of the state where the plaintiff lives (e.g., MI);
- *ZIP:* Enter the plaintiff's ZIP code;
- *Date of Birth:* Enter the plaintiff's date of birth (e.g., MM/DD/YYYY);
- *Social Security Number:* Enter the plaintiff's Social Security number (e.g., XXX-XX-XXXX);
- *Telephone Number:* Enter the plaintiff's telephone number, including area code (home or work);
- ***Defendant Name:*** Enter the full name of the defendant (first name, middle initial, and last name);
- *Address Line 1:* Enter the defendant's current full street address;
- *Address Line 2:* Enter the defendant's additional address information (e.g., APT # 312);
- *City:* Enter the city where the defendant lives;
- *State:* Enter the two-letter postal service abbreviation of the state where the defendant lives (e.g., MI);
- *ZIP:* Enter the defendant's ZIP code;
- *Date of Birth:* Enter the defendant's date of birth (e.g., MM/DD/YYYY);
- *Social Security Number:* Enter the defendant's Social Security number (e.g., XXX-XX-XXXX); and
- *Telephone Number:* Enter the defendant's telephone number, including area code (home or work).

## **CHILD INFORMATION:**

All persons completing this form must enter the following information for each child:

- **Child Name:** Enter the child's full name (e.g., first name/middle name/last name) in the child name box;
- **Child's Date of Birth:** Enter the child's birthday (e.g., MM/DD/YYYY) on the line below the child's name;
- **Child's Social Security Number:** Enter the child's Social Security number (e.g., XXX-XX-XXXX) on the line below the child's name; and
- **Child's Gender:** Enter the child's gender (e.g., male) on the line below the child's name.
- For additional children, attach a separate sheet with each child's name, date of birth, Social Security number, and gender.

## **IF PARTIES WILL SEND PAYMENTS TO THE MISDU, COMPLETE THE FOLLOWING INFORMATION:**

If the above statement is true, all persons completing this form must:

- **Obligation Type:** Enter the type of obligation ordered (e.g., child support [CS], spousal support [SS]);
- **Obligation Amount:** Enter the full dollar amount (e.g., \$250); and
- **Frequency:** Enter how often the amount is ordered (e.g., monthly, weekly).

## **IF PARTIES HAVE ATTACHED A COPY OF AN INCOME WITHHOLDING REQUESTING AN EMPLOYER OR OTHER PAYER TO SEND PAYMENT TO THE MISDU, COMPLETE THE FOLLOWING INFORMATION:**

If the above statement is true, all persons completing this form must:

- **Specific income withholding amount(s):** Enter the **Current** withholding amount in the space provided (e.g., \$150), and enter the **Arrears** withholding amount in the space provided (e.g., \$100);
- **Employer FEIN:** Enter the full, nine-digit Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service;
- **Employer Name:** Enter the full name of the employer (e.g., Ford Motor Company);
- **Employer Address Line 1:** Enter the current full street address of the employer;
- **Employer Address Line 2:** Enter any additional address information for the employer (e.g., Suite 312);
- **Employer City:** Enter the city where the employer is located;
- **State:** Enter the two-letter postal service abbreviation of the state where the employer is located (e.g. MI);
- **ZIP:** Enter the employer's ZIP code;
- **Employer Contact Name:** Enter the employer's contact name; and
- **Employer Contact Telephone Number:** Enter the employer's contact telephone number, including area code.

**Mail, fax, or email the completed form to the address provided on the form.**