

CASE NAME	CHILD SUPPORT REVIEW APPLICATION	CASE NO.
------------------	---	-----------------

Friend of the Court, 1697 Lansing Ave., Jackson, MI 49202

Phone: (517) 788-4470

Fax: (517) 788-4683

ELIGIBILITY RULES:

You are permitted one child support review every three years per MCL 552.517. You may also be eligible if you have experienced a significant change in circumstances (see check box options below). **If you do not meet these eligibility rules, you may file a Motion Regarding Support, on your own or through an attorney.** If you wish to file a motion on your own, motion forms are available online at www.jacksoncountyfoc.com.

PLEASE CHECK THE BOXES THAT EXPLAIN YOUR SITUATION.

- Three years have passed since the date of my last child support review or support order.
- The payer has begun or stopped receiving social security benefits.
- My child now receives social security benefits based on the payer's disability or my child's benefits have reduced by \$50 per month or more. *[Explain in "Other" section below or attach proof.]*
- My income has changed involuntarily by 75% or more. *[Explain in "Other" section below or attach proof.]*
- I am active military duty and deployed for 6 or more months and the result is a major income reduction.
- A health issue affects my ability to earn income for a substantial period. *[Attach proof.]*
- There are significant changes in the medical expenses of a party. *[Explain in "Other" section below or attach proof.]*
- There are changes in the physical/mental/educational needs of a child. *[Explain in "Other" section below or attach proof.]*
- My other support obligations have changed making it financially difficult to pay this file's support obligation.
- Other *[Explain below or on a separate sheet of paper.]*

AGAIN, IF YOU DO NOT MEET THESE ELIGIBILITY RULES, YOU MAY FILE A MOTION REGARDING SUPPORT.

PLEASE PROVIDE INFORMATION ABOUT YOURSELF (PLEASE PRINT OR TYPE)

NAME (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____
 SOCIAL SECURITY NO. _____ DL LICENSE / ID NO. _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE NUMBER _____ CELL NUMBER _____ WORK NUMBER _____
 EMPLOYER _____ EMPLOYER'S PHONE NUMBER _____
 EMPLOYER'S ADDRESS _____ CITY _____ ZIP _____

PLEASE PROVIDE INFORMATION ABOUT THE OTHER PARTY (PLEASE PRINT OR TYPE)

NAME (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____
 SOCIAL SECURITY NO. _____ DL LICENSE / ID NO. _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE NUMBER _____ CELL NUMBER _____ WORK NUMBER _____
 EMPLOYER _____ EMPLOYER'S PHONE NUMBER _____
 EMPLOYER'S ADDRESS _____ CITY _____ ZIP _____

Date

Signature