

NOTICE OF ARREARAGE

Approved, SCAO

Original - Friend of the Court
1st copy - Payer
2nd copy - Payee

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

NOTICE OF ARREARAGE
Interstate Income Withholding Act

CASE NO. _____

Friend of the Court address

Telephone no. _____

TO: Payer

1. Date of notice: _____

2. The office of the Friend of the Court has received a request from _____

Payee (This notice is for the payer. A copy is sent to you for your information only)

_____ for an income withholding order to enforce a support order of another jurisdiction.

3. The request states that as of _____ you have a support arrearage of: _____

- 4. Your income will be subject to an order of income withholding in the amount of \$ _____ per _____ .
- 5. The income withholding order will be applied to current and subsequent employers and periods of employment.
- 6. The order of income withholding will take effect 14 days after the date this notice was sent unless you request a hearing.
- 7. At this hearing you may contest the withholding only on the following grounds:
 - a. The withholding is not proper because of a mistake of fact concerning the amount of the current or overdue support or the identity of the payer.
 - b. The court or agency which issued the support order lacked personal jurisdiction over you.
 - c. The support order was obtained by fraud.
 - d. The statute of limitations under Michigan law has expired and precludes enforcement of all or part of the arrearages.

The parties may be represented by an attorney in this matter.
- 8. If this hearing is held before a referee you have a right to a de novo hearing before a circuit court.

Date of mailing

FRIEND OF THE COURT