

FOC 84 - ORDER SUSPENDING LICENSE (CHILD SUPPORT/PARENTING TIME) (FRONT)

Approved, SCAO STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY COURT CODE	Original - Court 1st copy - Plaintiff 2nd copy - Defendant ORDER SUSPENDING LICENSE (CHILD SUPPORT/PARENTING TIME)	3rd copy - Friend of the Court 4th copy - Licensing agency Additional copies as needed CASE NO.
Court address _____		Court telephone no. _____

Plaintiff's name, address, and telephone no. <input type="checkbox"/> Licensee 	1. Date of entry: _____ Judge: _____								
v	THE COURT FINDS:								
Defendant's name, address, and telephone no. <input type="checkbox"/> Licensee 	2. The licensee, <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%;">Date of birth</td> <td style="width:50%;">Social security no.</td> </tr> <tr> <td colspan="2">Driver license no.</td> </tr> <tr> <td colspan="2">Occupational license no.</td> </tr> <tr> <td colspan="2">Known professional licenses</td> </tr> </table>	Date of birth	Social security no.	Driver license no.		Occupational license no.		Known professional licenses	
Date of birth	Social security no.								
Driver license no.									
Occupational license no.									
Known professional licenses									

a. failed to respond to a Notice of Proposed License Suspension in a timely manner and also failed to pay the entire arrearage.

b. requested a hearing based on a Notice of Proposed License Suspension but failed to appear at the scheduled hearing and failed to pay the entire arrearage.

c. failed to comply with an Order for Payment of Arrearage.

d. failed to comply with an Order for Payment of Arrearage following a contempt finding at a show cause hearing.

e. failed to comply with a makeup and ongoing parenting time schedule.

IT IS ORDERED:

3. Within 7 business days after receiving this order, the Michigan Secretary of State and any occupational regulatory agency as defined under MCL 552.602(h) and 338.3432 shall suspend and not issue to the above named licensee
 an operator's/chauffeur's license all licenses as defined under MCL 338.3432 until further order of the court.

4. Any subsequent order rescinding this suspension is effective upon entry and payment of any customary reinstatement fee. The suspended license(s) shall be reinstated within 7 business days after receiving the rescission order and payment of the appropriate reinstatement fee by the licensee.

Judge

MCL 552.629(4); MSA 25.164(29)(4), MCL 552.633(2); MSA 25.164(33)(2),
MCL 552.635(4); MSA 25.164(35)(4), MCL 552.645(1); MSA 25.164(45)(1)

FOC 84 (9/96) ORDER SUSPENDING LICENSE (CHILD SUPPORT/PARENTING TIME)

**FOC 84 - ORDER
SUSPENDING
LICENSE (CHILD
SUPPORT/
PARENTING TIME)
(BACK)**

Order Suspending License
Case No. _____

PROOF OF SERVICE

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE

<input type="checkbox"/> OFFICER CERTIFICATE I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notary not required)	OR	<input type="checkbox"/> AFFIDAVIT OF PROCESS SERVER Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notary required)
--	----	---

- I served a copy of the order
- personally on:
- by registered or certified mail with restricted delivery (copy of return receipt attached) on:

Licensee's name	Complete address of service	Day, date, time
-----------------	-----------------------------	-----------------

After diligent search and inquiry, I have been unable to find and serve the licensee. I have made the following efforts in attempting to serve process: _____

I have personally attempted to serve the order on the licensee at _____ Address _____ and have been unable to complete service because the address was incorrect at the time of filing.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature _____
Title _____

Subscribed and sworn to before me on _____ Date _____ County, Michigan.

My commission expires: _____ Date _____ Signature: _____ Deputy court clerk/Notary public

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the order on _____ Day, date, time _____
Signature _____ on behalf of _____

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties and the licensing agency(ies) by ordinary mail addressed to their last known addresses.

_____ Date _____ Signature _____