CAROTS Payment Agreement[1]

(Compromise Arrears in Return for On-Time Support)

Friend of the Court _____ County

As of _____, the CAROTS Obligation and Payment Chart
Date

(CAROTS Chart) below shows that I, _____, owe:
Payer Name (printed)

CAROTS Obligation and Payment Chart

	IV-D Case Number	Docket Case Number	(A) Monthly Current Support	(B) Monthly Arrears Payment	(C) Total Docket Payment	(D) Dischargeable Past-Due State-Owed Debt
1			$	$	$	$
2			$	$	$	$
3			$	$	$	$
4			$	$	$	$
5	Case/Docket Total					$
6	CAROTS Monthly Payment				$	

The amounts above do not include other debt I may owe on these or other dockets.

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I must pay the amount shown in Line 6 (C) of the CAROTS Chart on time each month. This amount is all of the current and past-due support that I must pay each month and is considered a full CAROTS payment.

Paying the amount in Line 6 (C) of the CAROTS Chart *before* the end of each month will mean I am paying on time. My CAROTS payment plan begins in _____.
Month/Year

I understand that the State of Michigan will allow the Friend of the Court to reduce some of the past-due child support I owe to the State of Michigan (shown in Line 5 (D) of the CAROTS Chart) when I do the following:

7a) **Sign this agreement**. At the time I sign this agreement, the State of Michigan will allow the Friend of the Court to remove 20 percent of the arrears I owe to the State of Michigan, or not more than $ _____.

7b) **Complete Payment Period 1**: If I pay the amount shown in Line 6 (C) of the CAROTS Chart on time for **three months in a row**, the State of Michigan will allow the Friend of the Court to remove 10 percent of the arrears I owe to the State of Michigan, or not more than
$ _____.

7c) **Complete Payment Period 2**: If I pay the amount shown in Line 6 (C) of the CAROTS Chart on time for **the next three months in a row**, the State of Michigan will allow the Friend of the Court to remove another 10 percent of the arrears I owe to the State of Michigan, or not more than $ _____.

7d) **Complete Payment Period 3**: If I pay the amount shown in Line 6 (C) of the CAROTS Chart on time for **the next six months in a row**, the State of Michigan will allow the Friend of the Court to remove another 20 percent of the arrears I owe to the State of Michigan, or not more than $ _____.

7e) **Complete Payment Period 4**: If I pay the amount shown in Line 6 (C) of the CAROTS Chart on time for **the next six months in a row**, the State of Michigan will allow the Friend of the Court to remove another 20 percent of the arrears I owe to the State of Michigan, or not more than $ _____.

7f) **Complete Payment Period 5**: If I pay the amount shown in Line 6 (C) of the CAROTS Chart on time for **the next six months in a row**, the State of Michigan will allow the Friend of the Court to remove another 20 percent of the arrears I owe to the State of Michigan, or not more than $ _____.

The State of Michigan will allow the Friend of the Court to reduce the past-due debt I owe to the State of Michigan **only after** I pay the amount in Line 6 (C) of the CAROTS Chart on time for **all** the months in that Payment Period.

If I pay the amount in Line 6 (C) of the CAROTS Chart on time every month for two years, then I will no longer owe the amount on Line 5 (D) to the State of Michigan when Payment Period 5 is done.

If I do not pay the amount in Line 6 (C) of the CAROTS Chart for even one month, then I automatically start that Payment Period over the next month that I pay the amount in Line 6 (C) of the CAROTS Chart. I may start over only two times after signing a *CAROTS Payment Agreement*. If I do not pay the amount in Line 6 (C) of the CAROTS Chart for a third time, then I will no longer be in the CAROTS program, and my *CAROTS Payment Agreement* will end.

My *CAROTS Payment Agreement* will end three years after I sign it, or when all of my arrears in Line 5 (D) of the CAROTS Chart are reduced or paid to zero, whichever comes first. My *CAROTS Payment Agreement* will also end if I give a signed request to the Friend of the Court office saying I want to end the agreement.

I can sign up for the CAROTS program only two times. If I sign up for the CAROTS program a second time, I will **not** get 20 percent of my state-owed arrears reduced when I sign the second *CAROTS Payment Agreement*.

If the Friend of the Court needs to contact me regarding CAROTS, please contact me by:

- ☐ Telephone using this number: ( ) _____-_____
- ☐ Telephoning _____, at ( ) _____-_____
- ☐ Email, using this email address: _____
- ☐ Mail using this address:

  Address Line 1: _____

  Address Line 2: _____

  City:_____ State: _____

  Zip code: _____

My current or most recent employer is: _____

Address Line 1: _____

Address Line 2: _____

City:_____ State: _____

Zip code: _____

CAROTS Pilot Study

The State of Michigan Office of Child Support (OCS) hired the University of Michigan School of Social Work (U-M SSW) researchers to study and evaluate the child support program, the CAROTS program, and additional pilot programs. The study will help OCS conduct helpful child support enforcement actions statewide.

To participate in the CAROTS program, I must also be willing to participate in the pilot study of the CAROTS program conducted by the U-M SSW and OCS. This means I will allow the U-M SSW researchers to include my payment information with all other CAROTS payment information for the study. However, U-M SSW researchers will study all the CAROTS payment information without linking it to me or other payers. CAROTS payment information will be stored in a secure location, and it will not be tied to me. No one will identify me in any data, analysis, studies, reports, or any other type of publication.

This *CAROTS Payment Agreement* between me and the Friend of the Court in _____ County, on behalf of the State of Michigan, is for the dockets listed in this document only. This agreement is not valid if I have a case pending or in an active warrant for felony non-support prosecution.

If I receive a large amount of money after signing this agreement, I must immediately contact the Friend of the Court caseworker named below to determine whether I can remain in the CAROTS program. If I do not contact the Friend of the Court, some or all of my past-due support that was removed through the CAROTS program may be added back to my debt when the Friend of the Court learns about the money.

If this *CAROTS Payment Agreement* is not signed and returned to the Friend of the Court, this offer and the *CAROTS Payment Agreement* is invalid.

By signing below, I agree to make the payment shown in Line 6 (C) of the CAROTS Chart on time for each month in the Payment Period so I can get my state-owed arrears reduced up to the amount shown for that Payment Period. By signing below, I also agree to participate in the CAROTS pilot study.

_____ _____

Payer's Signature Date

This payment agreement is approved for the CAROTS program.

_____ _____

Friend of the Court Caseworker Date

Telephone: (_____) _____-_____ Email: _____