IV-D COOPERATIVE REIMBURSEMENT AGREEMENT CHANGE FORM
REGARDING ORDER ESTABLISHMENT CHILD SUPPORT SERVICES

Public Acts 367-372 of 2014 allow the county Prosecuting Attorney (PA), the county board of commissioners, and the Michigan Department of Health and Human Services (MDHHS) to enter into an agreement to transfer the PA child support establishment services to the county Friend of the Court (FOC), a private attorney, or another agency.

| County Name: | Request Date: |
| Requester’s Name *(please print)*: | Telephone: |
| Address: | City: | ZIP Code: |

**To be completed by the MDHHS-Office of Child Support:**

Reviewed by: | Approved: Yes ☐ No ☐ *(If “No,” enter Reason below)*

Reason:

- ☐ Transfer Child Support Services From the PA to the FOC

The elected PA, the chief circuit court judge, and the chair of the county board of commissioners for the above-stated county seek the agreement of the MDHHS Office of Child Support (MDHHS-OCS) to:

  - Transfer services currently performed under the PA Cooperative Reimbursement Agreement for child support services to the county FOC under the terms of a combined agreement (COM) for child support services; and
  - Terminate the current FOC and PA agreements.

The signatures of the elected PA, the chair of the county board of commissioners, and the county’s chief circuit court judge are required on the next page.

I, ____________________________________________, the county-elected PA, wish to terminate my individual PA agreement with MDHHS-OCS as of the end of the current fiscal year and to transfer the IV-D establishment functions to the FOC.

____________________________________________, the county Friend of the Court, allows the FOC office staff to assume the IV-D establishment and enforcement functions under a COM with MDHHS-OCS.
Reestablish Child Support Services Performed by the PA

The elected PA, the chief circuit court judge, and chair of the county board of commissioners for the above-stated county seek the agreement of the MDHHS-OCS to:

- Transfer IV-D establishment functions currently performed under the COM by the FOC to the PA under terms of separate PA and FOC Cooperative Reimbursement Agreements; and
- Terminate the current FOC COM.

The signatures of the elected PA, the chair of the county board of commissioners, and the county’s chief circuit court judge are required below.

I, _______________________________, the county-elected PA, wish to terminate the COM as of the end of the current fiscal year, transfer the IV-D establishment functions from the FOC office to the PA office, and enter into a separate CRP agreement with MDHHS-OCS to perform the IV-D establishment functions.

__________________________________, the county Friend of the Court, wishes to terminate the COM as of the end of the current fiscal year, transfer the IV-D establishment functions from the FOC office to the PA office, and enter into a separate CRP agreement with MDHHS-OCS to perform IV-D enforcement functions.

Signatures:

Elected Prosecuting Attorney

__________________________________________
Name Date

Chair of the County Board of Commissioners

__________________________________________
Name Date

Chief Circuit Court Judge

__________________________________________
Name Date

Please send the completed form to the county’s assigned contract manager.