

FRIEND OF THE COURT  
Renaë Topolewski



ASSISTANT FRIEND OF THE COURT  
Caryn VanderHeuvel

**ST. CLAIR COUNTY FRIEND OF THE COURT**

31<sup>st</sup> Judicial Circuit  
201 McMorran Blvd., Room 1600  
Port Huron, Michigan 48060  
Phone (810) 985-2285

<http://www.stclaircounty.org/offices/foc>

## **REDUCE OR ELIMINATE YOUR STATE CHILD SUPPORT ARREARS!**

Docket:

Dear \_\_\_\_\_,

St. Clair County Friend of Court is now offering an Arrears Management Program designed to help you reduce your **State**-owed child support arrearages. You currently owe \$ \_\_\_\_\_ in State child support arrearages.

There are plans within this program for payers who are currently employed, underemployed or unemployed. If you are interested in receiving help to eliminate all or a portion of the State-owed child support arrears listed above, please contact our office immediately. Staff can be reached 8:00 a.m. until 4:30 p.m. every weekday excluding holidays.

SEE REVERSE FOR DETAILS

Regards,

Friend of the Court

Many questions can be answered online: <http://www.stclaircounty.org/Offices/foc/Default.aspx>. All services are listed as well as many forms and instructions. Information regarding support can be found at <http://www.stclaircounty.org/Offices/foc/support.aspx>. Most of our forms can be submitted via email to [FOC@stclaircounty.org](mailto:FOC@stclaircounty.org) or, if a signature is required, by fax to 810-985-2180.

## **Arrears Management Pilot Program**

### **REDUCE OR ELIMINATE YOUR STATE CHILD SUPPORT ARREARS!!**

The St. Clair County Friend of Court is excited to offer you participation in the State's Arrears Management Program intended to help you reduce your State owed child support arrearages. The three facets of the program are described below. If you are interested in participating or learning more, please contact your child support enforcement worker.

#### **CAROTS (Compromise Arrears in Return for On-Time Support)**

- For the steadily employed
- Credit toward State arrears after registration and first payment
- Additional credits after the first 3 months of regular payments
- Continued credits after your 6<sup>th</sup> month of regular payments, 12<sup>th</sup> month, 18<sup>th</sup> month, and 24<sup>th</sup> month.
- Up to 100% of eligible State arrears could be eliminated.

#### **Lump Sum**

- A payment of \$1000 or more will be matched dollar-for-dollar in credit toward State arrears.
- If you owe less than \$1000 in State arrears, you can pay equal to the amount you owe to pay toward the other parent and the State will eliminate their arrears.
- If you owe only State arrears AND less than \$1000, you can pay ½ and the other ½ will be eliminated.
- If you pay ½ of ALL arrears on your case, 100% of State arrears will be credited.

#### **Arrears REDUCED (Arrears Reduced/Discharged Under Circumstances of Extreme Difficulty)**

- For payers experiencing an extreme hardship
- Homelessness
- Unemployable due to disability, criminal history, etc.
- Currently receiving SSI or SSD
- You have custody of the children on your case
- You can show that medical bills are causing a financial hardship
- Etc.
- Up to 100% of eligible State arrears could be eliminated

**ARREARS MANAGEMENT QUESTIONNAIRE**

\_\_\_\_\_ v \_\_\_\_\_ Docket Number: \_\_\_\_\_

Child(ren): \_\_\_\_\_

**Instructions: You must fill in the form completely, using N/A wherever the information requested does not apply to you. If you are claiming a hardship, you must provide proof of your claim (ie SSI benefit verification, detailed medical restrictions from your doctor, proof of past-due medical or other bills, etc). This form will be used to assess your situation and place you in the appropriate Arrears Management Program to eliminate up to 100% of your State-owed debt.**

**PERSONAL INFORMATION**

Name	Date of Birth	Social Security #
Address		Phone Number

**YOUR SITUATION**

**List who lives with you in your household, including children:**

Name	Age	How related?	Is he or she employed or earn income?

**In your living situation, do you:** ( ) Rent; ( ) Own; or ( ) Other – explain: \_\_\_\_\_

**Do you have any other child support cases:** ( ) Yes; ( ) No. If so, how many \_\_\_\_\_

**How much are you ordered to pay on those cases** \$ \_\_\_\_\_/month.

**How much can you pay in current child support** \$ \_\_\_\_\_/month.

**Please select your highest level of education:**

- ( ) some high school
- ( ) high school diploma/GED
- ( ) some college
- ( ) two-year college (associates)
- ( ) four-year college (bachelor's)
- ( ) graduate degree (master's, J.D, PhD)

**Are you currently:**

- ( ) employed
- ( ) full-time
- ( ) part-time
- ( ) unemployed

Name/Address of Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

If unemployed, why? \_\_\_\_\_

If unemployed, are you receiving unemployment benefits? ( ) Yes ( ) No

If no, why not? \_\_\_\_\_

**Have you been incarcerated in the past?** ( ) Yes ( ) No

If yes, please list approximate start and end dates:

1) Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_

2) Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_

3) Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_ (list more if necessary)

**If you have been incarcerated, is it hard for you to find employment because of previous jail, prison, or probation sentences?** ( ) Yes ( ) No

Explain: \_\_\_\_\_

**Are you receiving Social Security Payments?** ( ) Yes ( ) No  
 ( ) SSI - Supplemental Income; ( ) SSD – Disability; ( ) SSR – Retirement  
**Are you permanently disabled according to Social Security Administration?** ( ) Yes ( ) No  
*If you are on any type of social security, please provide proof to the Friend of Court.*

**Do you currently receive any of the following in public assistance?**  
 ( ) Medicaid; ( ) Cash; ( ) Food Stamps; ( ) Day Care; ( ) Other: \_\_\_\_\_

**In the past six months, have you been unable to pay medical bills (for either yourself or a family member) that YOU must pay?** ( ) Yes ( ) No

**In the past six months, have you been unable to pay other bills that YOU must pay?**  
 ( ) Yes ( ) No Explain: \_\_\_\_\_

**Do you have your child(ren) more than what is ordered by the court?** ( ) Yes ( ) No  
 Explain: \_\_\_\_\_

**Do you provide regular child care to the child(ren) of this case?** ( ) Yes ( ) No  
 If yes, how many hours per week? \_\_\_\_\_

**MONTHLY INCOME (gross before taxes):**

Income from Job(s)	worker's compensation	Social Security	Veteran's Benefits
Unemployment	Pension	Annuities	Spousal Support
Settlement (legal settlement, insurance, etc).		Other income (source and monthly amount)	

**AVERAGE MONTHLY EXPENSES: (your expenses/amounts you pay)**

Rent/Mortgage	Electric	Cable/Satellite	Water
Natural Gas/Oil	Child Support	Phone	Credit Cards
Medical Bills	Car Payment	Child Care	Education
Spousal Support	Insurance (all)	Other Bills (explain)	

**ASSETS:**

Rental Income:	Rental Loan Pymt:	Car/Truck (Make/Model):	Car/Truck Loan Pymt:
Recreational Vehicle (RV, Boat, ATV, etc):		Recreational Vehicle Loan Pymts:	
Pension Balance:	Investment Portfolio Balance:	Total Bank Acct Balance:	
Other:			

I understand that if any of my state-owed debt is discharged because of incorrect, incomplete, or false information, the FOC may reinstate the debt forgiven. I understand based upon the information filled out in this questionnaire and supplemental documents submitted, I may be placed in a program suited to my needs. I understand that if I am placed in the CAROTS program I will be responsible to make regular monthly payments and will not be given further credits if I accumulate 3 lapsed months of payments. I understand that if I am placed in the REDUCED program I will receive notice of the amount eliminated and information as to my future payment responsibilities. **I believe the information I have provided on this form to be truthful and complete.**

\_\_\_\_\_  
 Signature (Required)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

## **CAROTS Registration Form**

Docket # \_\_\_\_\_

Return this form to the Friend of Court via mail or in person.

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address/Phone:** \_\_\_\_\_

I agree to report my employer and any change of employment through the end of this agreement.

I agree to make monthly payments of \$\_\_\_\_\_ each and every month. I understand that if I do not meet the minimum payments required 3 times during the course of this agreement, the agreement will be terminated and any future credits to my State arrearages will be forfeited.

I currently owe: \$\_\_\_\_\_ in child support arrearages owed to the State of Michigan.

After signing this agreement and making my first payment, I will receive a credit of \$\_\_\_\_\_ (20%)

As long as I continue monthly payments I will receive the following credits toward my child support arrears owed to the State of Michigan.

After 3 months of payments (10%)	\$_____	After 6 months of payments (10%)	\$_____
After 1 year of payments (20%)	\$_____	After 18 months of payments (20%)	\$_____
After 2 years of payments (20%)	\$_____		

I understand that after successfully completing this agreement I will receive a total credit of \$\_\_\_\_\_ from my child support arrearages owed to the State of Michigan, *not to exceed the total owed.*

I understand that I will still be responsible to pay any other debt on this case and any other case I may have.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Friend of Court Approval:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**FOR FOC USE ONLY:**

**Docket #** \_\_\_\_\_

**Date**

**Amount**

**Missed Payments**

\_\_\_\_\_ **Sign-up credit given**

\_\_\_\_\_

**Date**

\_\_\_\_\_ **3 month credit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **6 month credit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **12 month credit**

\_\_\_\_\_

\_\_\_\_\_ **(agreement terminated)**

\_\_\_\_\_ **18 month credit**

\_\_\_\_\_

\_\_\_\_\_ **24 month credit**

\_\_\_\_\_