

SAGINAW COUNTY
FRIEND OF THE COURT
111 S. MICHIGAN AVE.
SAGINAW, MI 48602

DATE : _____
RE: SUPPORT ABATEMENT
RETURN TO: SUPPORT SPECIALIST
FOC#: _____

THE FRIEND OF THE COURT RECEIVED YOUR LETTER ON _____
WHICH INCLUDES THE DATES YOU INTEND TO HAVE THE CHILDREN FOR PARENTING TIME.

IF YOU ARE ENTITLED TO PARENTING TIME, PLEASE GIVE THE OTHER PARTY NOTICE OF THE
DATES AS REQUIRED BY YOUR ORDER.

IF YOU ARE ENTITLED TO A SUPPORT ABATEMENT OR CREDIT, YOU MUST COMPLETE AND
RETURN THE FORM BELOW **AFTER** PARENTING TIME HAS BEEN EXERCISED.

REQUEST FOR SUPPORT ABATEMENT		FOC#: _____
1.	I HAVE HAD THE CHILDREN _____ NAMES _____ FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
2.	I HAVE HAD THE CHILDREN _____ NAMES _____ FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
3.	I HAVE HAD THE CHILDREN _____ NAMES _____ FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
DATE _____	YOUR NAME _____	
	ADDRESS _____	
	CITY, STATE, ZIP CODE _____	

RETURN THE COMPLETED FORM TO THE FRIEND OF THE COURT SUPPORT SPECIALIST,
111 S. MICHIGAN AVE., SAGINAW, MI 48602