

STATE OF MICHIGAN 4th JUDICIAL CIRCUIT JACKSON COUNTY	SUPPORT REVIEW APPLICATION	CASE NO. <hr style="width: 20%; margin: auto;"/>
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Friend of the Court
1697 Lansing Avenue, Jackson, Michigan 49202

Phone: (517) 788-4470
Fax: (517) 788-4683

Please type, print or write clearly. Answer all questions as completely and accurately as possible. You are permitted one support review every three years per MCL 552.517. If it has been less than three years since your last support review, you must file a Motion Regarding Support at the Jackson County Clerk's office, 312 South Jackson Street, Jackson, Michigan 49201. The motion form and instruction package are available at the Friend of the Court office or through our website at www.jacksoncountyfoc.com. If you have experienced a significant change in circumstance, such as an involuntary loss of employment or disability, you may request a support review directly through this application process.

Date _____ DATE OF LAST SUPPORT ORDER: _____

INFORMATION ABOUT YOU (PLEASE PRINT)

NAME (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____
SOCIAL SECURITY NO. _____ DL LICENSE / ID NO. _____
ADDRESS _____ CITY _____ ZIP _____
PHONE NUMBER _____ CELL NUMBER _____ WORK NUMBER _____
EMPLOYER _____ EMPLOYER'S PHONE NUMBER _____
EMPLOYER'S ADDRESS _____ CITY _____ ZIP _____

INFORMATION ABOUT THE OTHER PARTY (PLEASE PRINT)

NAME (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____
SOCIAL SECURITY NO. _____ DL LICENSE / ID NO. _____
ADDRESS _____ CITY _____ ZIP _____
PHONE NUMBER _____ CELL NUMBER _____ WORK NUMBER _____
EMPLOYER _____ EMPLOYER'S PHONE NUMBER _____
EMPLOYER'S ADDRESS _____ CITY _____ ZIP _____

PLEASE PROVIDE THE REASON YOU ARE REQUESTING A SUPPORT REVIEW.

- Three years have passed since the effective date of my last order addressing support.
 I am requesting a support review due to a significant change in circumstance and have attached proof of the change.

Additional Information: _____

Date Signature