

Approved, SCAO

Original - Court  
1st copy - Friend of the court

2nd copy - Plaintiff  
3rd copy - Defendant

<b>STATE OF MICHIGAN</b> 53RD JUDICIAL CIRCUIT CHEBOYGAN COUNTY	<b>REQUEST TO REOPEN          FRIEND OF THE COURT CASE</b>	<b>CASE NO.</b>
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**Court address**  
870 S MAIN ST, RM 210, PO BOX 70, CHEBOYGAN, MI 49721

**Court telephone no.**  
231-627-8825

Plaintiff's name, address and telephone no.

Defendant's name, address and telephone no.

Attorney:

Attorney:

1. On \_\_\_\_\_ an order was entered exempting this case from friend of the court services.  
Date

**I REQUEST** that the friend of the court case be reopened upon filing this request with the friend of the court office.

I have attached a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature