

<b>STATE OF MICHIGAN</b> <b>53<sup>RD</sup> JUDICIAL CIRCUIT</b> <b>CHEBOYGAN COUNTY</b>	<b>NOTICE OF RECONCILIATION</b>	<b>CASE NO.</b> <b>Hon.</b>
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870 S Main St, Rm 210, PO Box 70, Rm 210, Cheboygan, MI 49721

Court telephone no. 231-627-8825

Plaintiff's name and address

v

Defendant's name and address

We, \_\_\_\_\_ and \_\_\_\_\_ state that we reconciled on  
Plaintiff name Defendant name

\_\_\_\_\_ and are presently living together at the following address:

Date \_\_\_\_\_  
 \_\_\_\_\_ Street Number and Name  
 \_\_\_\_\_ Apt or Lot No  
 \_\_\_\_\_ City/State/Zip Code

1. If applicable, we have notified the Michigan Department of Health and Human Services that our family is now in-tact.
2. All state-owed arrearage balances must be paid, in full, pursuant to the Michigan Child Support Guidelines, until such a time as this case is dismissed.
3. Regarding balances due the family: (check one)
  - a. They shall be waived in full
  - b. They shall be waived in part  Indicate the amount to be waived \$ \_\_\_\_\_
  - c. They shall be paid pursuant to the Michigan Child Support Guidelines until such a time as this case is dismissed
4. All future scheduled hearings shall be cancelled
5. If we take no additional action, we acknowledge that our case will be automatically dismissed pursuant to MCR 2.102(E), MCR 2.502, MCR 3.209(B).

We declare that the above statements are true to the best of our information, knowledge, and belief. A person who knowingly makes a false declaration may be sanctioned by the Court (MCR 2.114).

\_\_\_\_\_  
 Plaintiff's Signature & Date

\_\_\_\_\_  
 Defendant's Signature & Date

**CERTIFICATE OF SERVICE**

A copy of this NOTICE OF RECONCILIATION was filed with the County Clerk, served on all parties, and the Friend of the Court on \_\_\_\_\_

Date

\_\_\_\_\_  
 Signature