

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**REQUEST TO REOPEN
FRIEND OF THE COURT CASE**

CASE NO.

Court address

Telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

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 of this request with the friend of the court office. Attached is a completed Verified Statement (form FOC 23).

I request support services under Title IV-D of the Social Security Act.

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