

**SAGINAW COUNTY  
FRIEND OF THE COURT  
Child Support Enforcement Request**

Date: \_\_\_\_\_

Docket Number: \_\_\_\_\_

IV-D Number: \_\_\_\_\_

Name of Other Party: \_\_\_\_\_

Address of Other Party: \_\_\_\_\_

Other Party's Employment: \_\_\_\_\_ phone: \_\_\_\_\_

Statement of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ phone: \_\_\_\_\_

Your Address: \_\_\_\_\_

I request child support services under title IV-D of the Social Security Act. I understand that I must cooperate in taking action to ensure that my child support case remains open.

Signature: \_\_\_\_\_

**YOU SHOULD BE PRESENT AT THE SETTLEMENT CONFERENCE. IF YOU CHOOSE NOT TO APPEAR, THERE MAY BE A RESOLUTION WITHOUT YOUR INPUT.**

**IF YOU CHOOSE NOT TO ATTEND THE SETTLEMENT CONFERENCE AND/OR THE SHOW CAUSE HEARING, PLEASE DO NOT CALL YOUR SUPPORT SPECIALIST FOR RESULTS, AS THE INFORMATION MAY NOT BE AVAILABLE FOR 30 DAYS. YOU WILL RECEIVE A WRITTEN ORDER REGARDING THE RESULTS.**