

CIRCUIT COURT/FAMILY  
COURT JUDGES  
ANDRE' R. BORRELLO  
BRITTANY A. DICKEN  
JULIE A. GAFKAY  
DARNELL JACKSON  
PATRICK J. McGRAW  
BARBARA L. METER  
MANVEL TRICE III

**SAGINAW COUNTY  
FRIEND OF THE COURT**

FOR THE 10<sup>TH</sup> JUDICIAL CIRCUIT – FAMILY DIVISION



CHIEF JUDGE  
ANDRE' R. BORRELLO

FRIEND OF THE COURT  
TARA J. HOFMEISTER  
111 S. Michigan Ave.  
Saginaw, MI 48602-2019  
Ph (989) 790-5300  
TDD (989) 790-5568 Fax  
(989) 791-3855

## INFORMATION ON THE PROCEDURE TO OPT IN FOR THE FRIEND OF THE COURT

**\*\*\* BOTH FORMS MUST BE FILED CORRECTLY BEFORE ANY  
SERVICES WILL BE PROVIDED \*\*\***

WHEN PARTIES REQUEST TO OPT IN FOR SERVICES, THEY MUST FILE  
BOTH DOCUMENTS CORRECTLY MAKING SURE ALL  
LOCATIONS/INDIVIDUALS LISTED ON THE TOP OF EACH FORM  
RECEIVE A COPY. IF THIS IS NOT DONE, THE REQUEST IS DENIED.

Form-FOC 104

<https://www.courts.michigan.gov/4ae2d0/siteassets/forms/scao-approved/foc104.pdf>

Form – FOC 23

<https://www.courts.michigan.gov/49e69d/siteassets/forms/scao-approved/foc23.pdf>

**UNTIL A CASE IS REOPENED CORRECTLY, THE  
PARTIES HAVE NO ACCESS TO FRIEND OF THE  
COURT SERVICES.**

To the Clerk: For FOC office

STATE OF MICHIGAN  
10TH JUDICIAL CIRCUIT  
SAGINAW COUNTY

VERIFIED STATEMENT

CASE NO. and JUDGE

JUDGE BRITTANY A. DICKEN

Friend of the court address  
111 S. Michigan Ave., Saginaw, MI 48602

Telephone no.  
(989)790-5300

Information about you:

|  |  |               |                        |  |  |                        |  |                                      |   |            |  |                          |  |
|--|--|---------------|------------------------|--|--|------------------------|--|--------------------------------------|---|------------|--|--------------------------|--|
| 1. Last name   |  |               | First name             |  |  | Middle name            |  |                                      | 2. Any other names by which you have been known |            |  |                          |  |
| 3. Date of birth   |  |               |                        | 4. Social security number  |  |                        |  | 5. Driver's license number and state |   |            |  |                          |  |
| 6. Mailing address and residence address (if different)  |  |               |                        |  |  |                        |  |                                      |   |            |  |                          |  |
| 7. E-mail address  |  |               |                        |  |  |                        |  |                                      |   |            |  |                          |  |
| 8. Eye color   |  | 9. Hair color |                        | 10. Height   |  | 11. Weight             |  | 12. Race                             |   | 13. Gender |  | 14. Scars, tattoos, etc. |  |
| 15. Mobile telephone no.   |  |               | 16. Home telephone no. |  |  | 17. Work telephone no. |  |                                      | 18. Occupation                                  |            |  |                          |  |
| 19. Business/Employer's name and address   |  |               |                        |  |  |                        |  | 20. Gross weekly income              |   |            |  |                          |  |
| 21. Did you apply for or receive public assistance? If yes, please specify kind and case number.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |               |                        |  |  |                        |  |                                      |   |            |  |                          |  |
| 22. Any other country(les) of citizenship:   |  |               |                        | 23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.) |  |                        |  |                                      |   |            |  |                          |  |

Information about the other parent in this case:

|  |  |                |                        |  |  |                        |  |                                       |  |            |  |                          |  |
|--|--|----------------|------------------------|--|--|------------------------|--|---------------------------------------|--|------------|--|--------------------------|--|
| 24. Last name  |  |                | First name             |  |  | Middle name            |  |                                       | 25. Any other names by which parent has been known |            |  |                          |  |
| 26. Date of birth  |  |                |                        | 27. Social security number   |  |                        |  | 28. Driver's license number and state |  |            |  |                          |  |
| 29. Mailing address and residence address (if different)   |  |                |                        |  |  |                        |  |                                       |  |            |  |                          |  |
| 30. E-mail address   |  |                |                        |  |  |                        |  |                                       |  |            |  |                          |  |
| 31. Eye color  |  | 32. Hair color |                        | 33. Height   |  | 34. Weight             |  | 35. Race                              |  | 36. Gender |  | 37. Scars, tattoos, etc. |  |
| 38. Mobile telephone no.   |  |                | 39. Home telephone no. |  |  | 40. Work telephone no. |  |                                       | 41. Occupation                                     |            |  |                          |  |
| 42. Business/Employer's name and address   |  |                |                        |  |  |                        |  | 43. Gross weekly income               |  |            |  |                          |  |
| 44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |  |                |                        |  |  |                        |  |                                       |  |            |  |                          |  |
| 45. Any other country(les) of citizenship:   |  |                |                        | 46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.) |  |                        |  |                                       |  |            |  |                          |  |



|   |  |   |
|---|--|---|
| <b>STATE OF MICHIGAN</b><br>10TH JUDICIAL CIRCUIT<br>SAGINAW COUNTY | <b>REQUEST TO REOPEN<br/>         FRIEND OF THE COURT CASE</b> | <b>CASE NO. and JUDGE</b><br><br>JUDGE BRITTANY A. DICKEN |
|---|--|---|

Court address: 111 S. Michigan Ave., Saginaw, MI 48602  
 Court telephone no.: (989)790-5300

|   |   |   |
|---|---|---|
| Plaintiff's name, address, and telephone no.              | v | Defendant's name, address, and telephone no.              |
| Plaintiff's attorney, bar no., address, and telephone no. |   | Defendant's attorney, bar no., address, and telephone no. |

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.

As required, I have provided a completed Verified Statement (form FOC 23) and a completed Application for Title IV-D Child Support Services (form DHS 1201-D) to the friend of the court office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFICATE OF MAILING**

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 by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature