

SAGINAW COUNTY  
FRIEND OF THE COURT  
111 S. MICHIGAN AVE.  
SAGINAW, MI 48602

DATE : \_\_\_\_\_  
RE: SUPPORT ABATEMENT  
RETURN TO: SUPPORT SPECIALIST  
FOC#: \_\_\_\_\_

THE FRIEND OF THE COURT RECEIVED YOUR LETTER ON \_\_\_\_\_  
WHICH INCLUDES THE DATES YOU INTEND TO HAVE THE CHILDREN FOR PARENTING TIME.

IF YOU ARE ENTITLED TO PARENTING TIME, PLEASE GIVE THE OTHER PARTY NOTICE OF THE  
DATES AS REQUIRED BY YOUR ORDER.

IF YOU ARE ENTITLED TO A SUPPORT ABATEMENT OR CREDIT, YOU MUST COMPLETE AND  
RETURN THE FORM BELOW **AFTER** PARENTING TIME HAS BEEN EXERCISED.

REQUEST FOR SUPPORT ABATEMENT		FOC#: _____
1.	I HAVE HAD THE CHILDREN _____ NAMES	
	FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
2.	I HAVE HAD THE CHILDREN _____ NAMES	
	FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
3.	I HAVE HAD THE CHILDREN _____ NAMES	
	FROM _____ TO _____ MONTH/DAY/YEAR MONTH/DAY/YEAR	
_____	DATE	_____
		YOUR NAME
		_____
		ADDRESS
		_____
		CITY, STATE, ZIP CODE

RETURN THE COMPLETED FORM TO THE FRIEND OF THE COURT SUPPORT SPECIALIST,  
111 S. MICHIGAN AVE., SAGINAW, MI 48602