

CHILD SUPPORT WAIVER FORM

TO: Saginaw County
Friend of the Court
111 South Michigan Avenue
Saginaw, MI 48602

Circuit Court Docket Number: _____

Payer's Name: _____

I voluntarily agree to waive my past due child support in the amount of \$ _____
for the following reason:

I understand that I will never be able to collect the amount at a later date. I have no authority to waive arrearage owing to the State of Michigan, another agency, or a third party. I understand that I can only waive that which is owed to me. If the above amount is greater than what is owed to me, I agree that only the lesser amount will be waived.

**YOU MUST INCLUDE A COPY OF YOUR ID WITH THIS FORM.
SUPPORT WILL NOT BE WAIVED WITHOUT PROPER ID**

Date

Signature of Payee

*** _ ** _

Social Security Number

Street Address

City State Zip

APPROVED BY:

Friend of the Court Staff

Telephone Number