

# Berrien County Trial Court - Family Division



## Office of the Friend of the Court

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THOMAS G. WATSON  
FRIEND OF THE COURT

## REQUEST TO ABATE SUPPORT

DOCKET NUMBER: \_\_\_\_\_

FOC CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

I, \_\_\_\_\_, request to hold  Child Support,  
 Ordinary Health Care,  Birth And Pregnancy expenses, effective \_\_\_\_\_,  
due to  living with and on the same grant as \_\_\_\_\_,  
 the minor children are no longer receiving public assistance,  I married  
\_\_\_\_\_ on \_\_\_\_\_ (*a copy of the Marriage  
Certificate is attached*).

I, \_\_\_\_\_,  forgive arrearages in the amount of  
\$ \_\_\_\_\_ or  **ALL** owed to me by \_\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_.

Notary Public, State of Michigan,

County of Berrien,

My commission expires:

\_\_\_\_\_

\_\_\_\_\_

*Notary*

\_\_\_\_\_

Phone # \_\_\_\_\_