

**VERIFICATION OF ELIGIBILITY**

(to accompany Motion to Exempt (Opt out) of Friend of the Court Services)

**THE FORM MUST BE FILLED OUT BY THE FRIEND OF THE COURT** FOR THE PETITIONER AND PRESENTED TO THE JUDGE OR REFEREE AT THE TIME OF YOUR HEARING. YOU MAY EMAIL THE FRIEND OF THE COURT AT [friendofthecourt@macombgov.org](mailto:friendofthecourt@macombgov.org) NO EARLIER THAN **TWO WEEKS** PRIOR TO YOUR HEARING AND IT WILL BE COMPLETED FOR YOU AND RETURNED BY EMAIL.

**THIS FORM IS NOT REQUIRED FOR NEW DOCKETS.**

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

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

IVD: \_\_\_\_\_

**The Friend of the Court confirms the following:**

1. Neither party receives public assistance (which includes cash assistance, medicaid, food stamps, child care, or foster care benefits) for themselves or a child in the case (attach "Verification of Public Assistance")
2.  No money is due to the state because of past public assistance for a child in the case.
3.  No child support arrearage has existed in the last 12 months; or  a child support arrearage has existed in the last 12 months,  however the payee has voluntarily waived all arrears owed to her; or  the payee wants to waive arrears on the record at the hearing; or  it has been paid in full.
4.  Neither party to this case has reopened a Friend of the Court case in the last 12 months.
5.  All statutory service fees and/or state medical support arrears have been paid; or  statutory service fees and/or state medical support in the amount of \$ \_\_\_\_\_, are due and owing and must be paid prior to the entry of the Order.

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Friend of the Court Representative