

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF CONTEMPT HEARING FOR FAILURE TO PAY SUPPORT	CASE NO. and JUDGE
Court address	Court telephone no.	
Plaintiff's name, address, and telephone no.		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.
Third-party plaintiff's name, address, and telephone no.		Co-defendant's name, address, and telephone no.

USE NOTE: This form is for use by the friend of the court.

TO: _____

In the name of the people of the State of Michigan:

1. The office of the friend of the court has reviewed the records and determined that the amount past-due on _____ exceeds the statutory amount allowed. See the docket balance summary provided by the friend of the court. The docket balance summary is incorporated into this notice by reference.
2. You must come to a court hearing and explain why you are not in contempt for failing to pay support.
3. The hearing is: Date and time: _____

Location: _____

If you require accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

- A referee will hear this matter; however, this matter may be taken before the judge for immediate hearing if necessary.
- Review the attached information. Complete all of the attached forms that apply to you and bring them to the hearing.
4. If you do not come to the hearing, you may be arrested and brought to court unless you:
 - get a written excuse from the friend of the court office not to attend the hearing. Contact _____ FOC telephone no. _____.
 - file a motion and get an order from the court delaying or canceling this hearing.

5. The court will consider the following critical issues to decide if you are in contempt:

- you do not attend a work activity that you were referred to and do not have another source of income.
- you have the ability to pay all or some of your support but do not.
- you do not diligently put forth effort to be able to pay all or some of your support.

6. Other: _____

Date _____

Signature of authorized friend of the court representative _____



CERTIFICATE OF MAILING

I served a copy of this notice 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 _____