Request to Modify Child Support Due to Reconciliation

Return this form to: Friend of the Court PO Box 351 Grand Rapids, MI 49501-0351	Your name: Case no.: Social Security no.:
Or fax: (616) 632-6882	Address:
Or scan and email: foc.mail@kentcountymi.gov	Email: Tel. no.:
your support order when you and the opublic assistance (Medicaid, cash, foo child(ren), DHS records must show that	C) case manager may be able to help you modify other parent are reconciled and living together. If od assistance, childcare) is being received for the at both parents reside in the same home. If the other parent must both sign and date this form re ID or have this form notarized.
Mother's signature	Father's signature
Date:	Date:

¹ Either party is entitled by law to request the FOC Support Review Department to conduct a review every three years, or when a substantial change of circumstances is shown (if the Support Review Department denies the request to review on the basis of a change of circumstances, you can file a motion with the Court to request one).