

**You must file this objection within 21 days from the date of the new or adjusted income withholding notice (IWN)**

**INCOME WITHHOLDING NOTICE  
OBJECTION PROCEDURE**

(This form applies only to arrearage repayment)

This form **cannot** be used if:

- the Income Withholding Notice (IWN) is dated more than 21 days ago
- the amount for the arrearage payment has not changed
- the modification was the result of a new court order. If the new court order reduced support because of a reduction in your income but the IWN was not changed contact your Case Manager to correct the IWN.

Use this form for an IWN if:

- your IWN notice included a "Notice Regarding Income Withholding Order" AND
- the arrearage payment amount was administratively increased within the last 21 days AND
- you are claiming that the IWN
  - would cause an unjust or inappropriate result,
  - you can demonstrate that the arrearage is incorrect, OR
  - you are not the payor on the case

**INSUFFICIENT REASONS FOR REQUEST:** Statements such as "amount is too high" or "I don't owe that much" will not be considered unless proof is attached.

After you complete the attached form and mail it to the other party and Friend of the Court, Friend of the Court must allow 14 days for the other party to respond.

After the 14 days, Friend of the Court will make a determination and notify you by mail.

Please allow an additional 21 days for the FOC determination.

# WASHTENAW COUNTY TRIAL COURT - FAMILY DIVISION



OFFICE OF THE FRIEND OF THE COURT

INCOME WITHHOLDING NOTICE  
OBJECTION PROCEDURE

Washtenaw County Courthouse  
101 E. Huron, P.O. Box 8645  
Ann Arbor, MI 48107-8645  
Phone: (734) 994-2466  
Fax: (734) 222-3332

Your Name: \_\_\_\_\_

Your Case No.: \_\_\_\_\_

**You must file this objection within 21 days from the date on the Income Withholding Notice (IWN) that changes the amount deducted for past-due support.**

1. Complete this form with your name and case number.
2. Follow the instructions regarding the Request/Motion for Hearing RE: Administrative Adjustment of Income Withholding
  - a. Complete the form
  - b. Make 2 copies of the form
  - c. Mail the completed form, with a completed certificate of mailing AND the Response by Other Party Support Recipient/Payee to the other party
  - d. Send the original form, a copy of the IWN and all supporting documentation to the Friend of the Court
  - e. Keep a copy for your records
3. FOC must allow 14 days for the other party to respond.
4. After the 14 days, Friend of the Court will make a determination and notify you by mail.
5. Please allow an additional 21 days for the FOC determination.

**INSTRUCTIONS REGARDING THE REQUEST/MOTION FOR HEARING RE:  
ADMINISTRATIVE ADJUSTMENT OF INCOME WITHHOLDING**

1. Read the Income Withholding Notice Objection packet completely.
2. Check the date on your Income Withholding Notice (IWN) to make sure it is within 21 days of the date on the IWN.
3. Request the other party's address, *in writing*, from the Friend of the Court if you do not have their address. *Please note: The time spent obtaining the other party's address counts against the 21 days you are allowed to file your Request/Motion with its certificate of mailing.*
4. Complete the Request/Motion for Hearing Re: Administrative Adjustment of Income Withholding. Fill in the blanks on the form, which are all lettered. Below you will find the explanation for each letter.
  - A. Circuit court case number: You can find this on the "Notice Regarding Income Withholding Order" on the top right-hand side
  - B. Assigned Judge: You can find this on the "Notice Regarding Income Withholding Order" on the top right-hand side
  - C. Plaintiff: Party that started the first legal action with the court
  - D. Defendant: Party who didn't start the first legal action with the court
  - E. Your full name
  - F. Date that the IWN was mailed. You can find this on the first page of the IWN on the top right-hand side
  - G. Amount the IWN is requiring your employer to withhold. You can find this on page 1 of the IWN listed under the header ORDER INFORMATION where it states "total amount to withhold"
  - H. Amount the IWN is requiring employer to withhold for arrears. You can find this on page 1 of the IWN listed under the header ORDER INFORMATION at the 2<sup>nd</sup> line.
  - I. Choose what option applies to you, explain the reason for that objection, and provide supporting documentation
  - J. The new amount that you would like your employer to withhold for past due support. *Please note, if granted, this amount will be in addition to your monthly support obligation.*
  - K. Sign and Date
  - L. Fill in the other party's address then date and sign

OR

If the other party has a confidential address with FOC, provide paperwork that should be mailed and an envelope with postage. FOC will complete this section and mail the document to the other party
5. After completing the Request/Motion for Hearing Re: Administrative Adjustment of Income Withholding, make 2 copies of the form.
6. Mail a copy of the Request/Motion for Hearing Re: Administrative Adjustment of Income Withholding AND the Response by Other Party Support Recipient/Payee form to the other party.
7. Send the original Request/Motion for Hearing Re: Administrative Adjust of Income Withholding, supporting documentation and a copy of the IWN to the Friend of the Court.
8. Keep a copy for your records.

<b>STATE OF MICHIGAN</b> <b>22<sup>nd</sup> JUDICIAL CIRCUIT</b> <b>WASHTENAW COUNTY</b>	<b>REQUEST/MOTION FOR HEARING RE:</b> <b>ADMINISTRATIVE ADJUSTMENT OF</b> <b>INCOME WITHHOLDING</b>	<b>CASE NO. (A)</b> _____  <b>Assigned Judge (B)</b> _____
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Court Address:  
P O BOX 8645, ANN ARBOR, MI 48104

Court telephone no.  
(734) 994-9261

Plaintiff
<b>(C) NAME:</b> ADDRESS:  phone:

VS

Defendant
<b>(D) NAME:</b> ADDRESS:  phone:

I, **(E)** \_\_\_\_\_, am the payer of support. The attached Income Withholding Notice [IWN], dated **(F)** \_\_\_\_\_, requires me to pay **(G)** \$ \_\_\_\_\_ per month. Of that **(H)** \$ \_\_\_\_\_ per month is for my **past due support**. I request a hearing and adjustment of amount of income withholding for the following reasons:  
[Check the boxes that apply, complete all required statements and explanations and attach supporting documentation.  
Use the back of this form if you need more space.]

**(I)**

- 1. **There is a mistake of fact.** I do not owe the amount of current or past-due support alleged. I state that the notice is incorrect because: [Clearly state what you believe is wrong. Bring proof of payments such as pay stubs, cancelled checks or proof of charging errors such as missing orders and misinterpretation of orders. Total your charges and payments/credits by year. Just stating: "I don't owe this much" without proof is not sufficient and your objection will not be reviewed.]
  
- 2. **There is a mistake of identity.** I am not the person required to pay support on this case. [Bring photo ID, social security card, W-2 forms or other papers that will help show a mistake has been made]
  
- 3. **The adjustment will cause an unjust or inappropriate result.** [Clearly state why. Attach documentation. Provide your last 4 pay stubs and copies of all your bills]

I request that the IWN be adjusted and I be required to pay **(J)** \$ \_\_\_\_\_ per month on my past due support.

I declare that the statements above are true to the best of my information, knowledge and belief. **(K)**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PAYER OF SUPPORT

\*\*\* Check the certificate of mailing that applies. \*\*\*

**(L)**

<input type="checkbox"/>	<b>CERTIFICATE OF MAILING; TO BE COMPLETED AND SIGNED BY PAYER.</b>
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I certify that on this date I served a copy of this document and the Response by Other Party Support Recipient/Payee on the other party by first class mail addressed to:

Date	Signature:

<input type="checkbox"/>	<b>CERTIFICATE OF MAILING WHEN MAILING DONE BY FOC IF AND ONLY IF PAYEE HAS CONFIDENTIAL ADDRESS</b>
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I certify that on this date I served a copy of this document and the Response by Other Party Support Recipient/Payee on the parties by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date	Signature:

