

WASHTENAW COUNTY TRIAL COURT - FAMILY DIVISION



OFFICE OF THE FRIEND OF THE COURT

Washtenaw County Courthouse
 101 E. Huron, P.O. Box 8645
 Ann Arbor, MI 48107-8645
 Phone: (734) 222-3050
 Fax: (734) 222-3332

Injured Spouse Claim Waiver Form

COMPLETION OF THIS FORM IS AN ACKNOWLEDGEMENT BY THE INJURED PARTY THAT FORM 8379 (INJURED SPOUSE CLAIM AND ALLOCATION WITH IRS) HAS *NOT* BEEN FILED WITH THE IRS, AND *WILL* NOT BE FILED WITH THE IRS TO OBTAIN ANY PORTION OF THE BELOW LISTED JOINT REFUND.

CHECK ONE:

- The Friend of the Court of this Circuit Court is *currently holding* the tax refund from our jointly filed Federal Tax Return for the tax year _____. The amount of the refund held is \$_____.
- The Friend of the Court of this Circuit Court *should be receiving* the tax refund from our jointly filed Federal Tax Return for the tax year _____. The amount of the refund expected to be received by the Friend of the Court is \$_____.

My notarized signature on this document constitutes my agreement as Payor's spouse, to have any portion of the above tax return, which may have been due me, applied to my spouse's past due child support obligation with the Friend of the Court. If no obligation is due, the completion of this form allows release of the refund to my spouse (the Payor) and me (current spouse filing the joint return).

I, the undersigned, understand that by signing this document the Friend of the Court will report to the IRS any amount of the refund returned to us and/or applied to Payor's child support obligation as a result of our execution of this form. This will have the effect of barring any possibility of recovering my share of the refund through the filing of an amended tax return.

 Payor Case Name on FOC Records

 Court Case No.

 Signature of Payor's Spouse

 Signature of Payor

 Name of Payor's Spouse (please print)

 FOC Employee Witnessing Execution of Waiver (notary not required)
 D.L. # or State I.D. # provided: _____

Signature of Payor's Spouse above notarized: This _____ day of _____, 200_____.

Signature of Notary Public _____.

County of _____, State of _____.

My commission expires on: _____

Payor's Spouse's signature on this waiver need not be notarized so long as the Spouse provides proper identification and signs the waiver in front of an FOC employee.