

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE FOLLOWING ORDER FOR PAYMENT OF ARREARAGE (LICENSE SUSPENSION)	CASE NO. and JUDGE
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Friend of the court address

Telephone no.

Plaintiff's name, address, and telephone no.	<input type="checkbox"/> payer
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Defendant's name, address, and telephone no.	<input type="checkbox"/> payer
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**TO THE PAYER:**

1. Date of notice: \_\_\_\_\_
2. On \_\_\_\_\_, the court entered an order conditioning the suspension of your license(s) upon your  
Date compliance with an order for payment of arrearages in scheduled installments.
3. You failed to fully comply with that order and your driver's, occupational, recreational, and/or sporting license(s) will be suspended as required in the order for payment of arrearages unless you request a hearing within 14 days to show that you have complied with the order. 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. When contacting the court, provide your case number(s).

FRIEND OF THE COURT

**REQUEST FOR HEARING**

I request a hearing to show that I have complied with the conditional suspension order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature