

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**NOTICE OF REVIEW ON ARREARAGE  
(CONSUMER REPORTING AGENCY)**

**CASE NO.**

Friend of the court address

Telephone no.

Payer name, address, and telephone no.  
TO:

Payee name, address, and telephone no.  
(This notice is for the payer. A copy is sent for your information only.)

1. Date of notice: \_\_\_\_\_
2. The friend of the court office received a written request from you to review a mistake of fact concerning either your identity or arrearage.
3. A review has been scheduled as follows:

\_\_\_\_\_

Date Time

\_\_\_\_\_

Location of review

\_\_\_\_\_

Name of officer conducting review

4. Bring documentation, records, or any other necessary information with you to the review, which details a mistake of fact.  
 Additionally, bring the following:

5. You may bring an attorney with you to the review.

FRIEND OF THE COURT