



Cass County Friend of the Court

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“Cass County is an equal opportunity provider and employer”

REQUEST FOR CHILD SUPPORT TO CONTINUE BEYOND CHILD'S 18TH BIRTHDAY

Date: _____

Name of person completing this form: _____

SSN: _____ Telephone: _____

Address: _____

Other party's name: _____

Other party's address: _____

Telephone: _____

Child I am making this request for:

Name

Date of Birth

Where the child attends school: _____

I understand that child support obligations end on the last day of the month that the child turns 18 years of age, unless the child is attending high school on a full-time basis after turning 18 years of age (except that in no case will child support extend beyond the time the child reaches 19 ½ years of age).

By signing below, I certify that my child will be attending high school on a full-time basis after turning 18 years of age. I expect that my child will graduate high school: _____

(Month and Year)

I have attached verification of my child's current enrollment in high school (you may attach items such as a report card, progress report, or any item from your child's school that shows their grade in school and that was issued by the school during this school year).

Signature of Person Completing this form

DO NOT WRITE BELOW THIS LINE—FOC USE ONLY

DATE REVIEWED _____

Case #: _____ /IV-D #: _____

Outcome: _____