NOTICE OF RECONCILIATION

To: 43rd Judicial Circuit
Friend of the Court
60296 M-62, Room 3
Cassopolis, MI 49031

Case No._____

We, _____ and _____ state
Plaintiff (print name) Defendant (print name)

that we reconciled on _____ and are presently living together
Date

at the following address:_____
street number/name apt/lot number city/state/zip code

and our phone numbers are:_____
Plaintiff's phone number Defendant's phone number

We understand that future changes in address and employment must be reported in writing to the Friend of the Court

By our signatures below, we acknowledge our understanding of the following:

1. There will be no abatement (stoppage) of child support if public assistance is in place and both parents are not on the grant.

Current child support charges will be abated the first of the month after the date the Friend of the Court is notified of the reconciliation unless the Department of Human Services records reflect that the Custodial Parent and the minor children are receiving public assistance and the other party is not listed as being in the home and/or on the same grant as the Custodial parent and children.

2. All arrears are preserved and will continue to be collected.

All child support arrears, fees and costs that have accrued on the case are preserved in full and will be paid pursuant to court order or the Friend of the Court policy on arrearage repayment. Income withholding will continue until all support arrears, fees and costs have been paid. We understand that to waive any child support arrearage that currently exists, we must complete a Stipulation asking the Court to enter an Order setting aside the arrearages.

3. We understand that this form DOES NOT dismiss our divorce action and that our divorce action remains pending until further action by us or the Court.

We declare that the above statements are true to the best of our information, knowledge and belief. A person who knowingly makes a false declaration may be sanctioned by the Court (MCR 2.114).

Plaintiff's signature Date	Defendant's signature Date
Plaintiff's Social Security Number	Defendant's Social Security Number
Plaintiff's employer	Defendant's employer