

**KALAMZOO COUNTY FRIEND OF THE COURT OFFICE
SPECIAL INSTRUCTION PAYMENT**

[NOTE: This is an official form. This form can only be completed by Kalamazoo County Friend of the Court staff.]

DOCKET ORDER #: _____

PAYOR NAME: _____

TODAY'S DATE: _____

Total Payment Amt: \$ _____

The support payer in this case was instructed to make this special payment directly to the Kalamazoo County Friend of the Court Office as a result of:

- Felony Non-Support _____
- Order to Show Cause Hearing
- Bench Warrant Hearing and/or Arrest
- Other _____

Following is a breakdown of the distribution amounts for this payment:

- \$ _____ Bench Warrant/Court Costs
- \$ _____ Child Support
- \$ _____ Child Care
- \$ _____ Spousal Support
- \$ _____ State of Michigan
- \$ _____ MD/CM – Medical
- \$ _____ MS - Medical
- \$ _____ Service Fees
- \$ _____ Arrears _____
- \$ _____ Other _____

(if amounts filled in by FOC employee initial here _____)

**PAY IN CASH AT FRIEND OF THE COURT CASHIER WINDOW, OR
MAKE CASHIER'S CHECK PAYABLE TO:**

**Kalamazoo Co. Friend of the Court
1536 Gull Road
Kalamazoo MI 49048**

Signature of FOC Employee Authorizing Form

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