



**ALLEGAN COUNTY FRIEND OF THE COURT  
NON-PAYMENT COMPLAINT FORM  
REQUEST FOR ENFORCEMENT**

CASE NO.

Friend of the Court Address  
113 Chestnut St., POBOX 358, Allegan, MI 49010  
Email: [alleganfoc@allegancounty.org](mailto:alleganfoc@allegancounty.org)

Court Telephone No.  
1-877-543-2660  
Fax No. (269) 673-0322

Plaintiff Name: \_\_\_\_\_  Complaining Party

v

Defendant Name: \_\_\_\_\_  Complaining Party

I am not currently receiving support funds on a consistent basis and would like to begin the locate / enforcement process for my case. I am providing the following information in order to assist in the enforcement of the support order.

Payer's Employer if known:

Employer Name: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Employer's City: \_\_\_\_\_  
 Employer's State: \_\_\_\_\_  
 Employer's Zip Code: \_\_\_\_\_  
 Employer's Telephone: \_\_\_\_\_

- Does the other party have any recreational licenses?    Yes    No    Unknown
- Does the other party have any professional licenses?    Yes    No    Unknown

If so, what licenses? \_\_\_\_\_

- Does the other party have any assets (House, Land, Car, etc.) in their name?  
 \*\*If yes, please list any information below. \*\*                      Yes    No    Unknown
- Is the other party self-employed?  
 \*\*If yes, please list any information below. \*\*                      Yes    No    Unknown

- Any additional information the FOC should be aware of:

*I verify that the above statements are true and accurate to the best of my information, knowledge and belief.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complaining Party

(\_\_\_\_\_) \_\_\_\_\_  
Home or cell number

\_\_\_\_\_  
Home Address