

**RETURN TO:** St. Clair County Friend of Court  
201 McMorran Blvd, Rm 1600  
Port Huron MI 48060

**\*\*\*CREDIT SLIP\*\*\***

DATE:

CASE NAME:

ACCOUNT NUMBER:

I, \_\_\_\_\_, would like to credit my child  
support / alimony / child-care / medical account in the amount of  
\$\_\_\_\_\_.

\*\*\*Any amount over \$100 must be notarized in order for credit to be applied to the  
account.

I am / was not receiving TANF benefits (cash assistance) and/or Medicaid for the period  
of time this credit is being allowed.

In case of direct payment, the payment was made directly to me on  
\_\_\_\_\_.

\_\_\_\_\_  
Signed

**FRIEND OF COURT USE:**

Subscribed and sworn to me on this  
\_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

TYPE OF CREDIT

Direct payment \_\_\_\_\_  
Clear account \_\_\_\_\_  
Credit account \_\_\_\_\_  
Other \_\_\_\_\_  
(state reason)