

FRIEND OF THE COURT POLICY
REGARDING APPEARANCE BY TELEPHONE

If you live out of state or in the Upper Peninsula of Michigan you may qualify to appear by telephone at your child support review hearing. This option is not available if you have an outstanding bench warrant for your arrest.

To apply, return the attached document entitled *Electronic Testimony Application* to the Friend of the Court no later than ten (10) days prior to your scheduled hearing. Your request must be sent by certified mail or telephone facsimile (fax number (231) 873-0252).

If you apply to appear by phone you must provide in advance copies of your financial documents (including federal and state tax returns, W-2's, 1099s, and four most recent pay stubs). You will be notified prior to the hearing if your application is denied.

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OCEANA

Plaintiff

vs.

File No:

Electronic Testimony Application
And Waiver of Personal Appearance

Defendant

_____ /

I filed the above-captioned petition in the Office of the Oceana County Friend of the Court, State of Michigan, located at 100 State Street Ste M-10, Hart, MI 49420. The hearing is scheduled to take place on (date) _____.

___ I received a (Check applicable box) notice to appear at the Office of the Oceana County Friend of the Court, State of Michigan on (specify date) _____.

1. _____ I request that I be permitted to testify or to give my deposition by telephone.
2. I am making this request for the following reason(s):
_____ I am a non Michigan resident. _____ I reside in the upper peninsula of Michigan.
3. I will make myself available for a telephone hearing at the officially noticed time up to one hour later. I can be reached at the following phone number (including area code):
_____.
4. I understand that I must confirm final arrangements for testifying by telephone with the Court by calling telephone number 231-873-4605 at least 10 days prior to the scheduled hearing. I further understand that the Court will send me written confirmation of the decision regarding my application, time permitting.
5. I understand that I have the right to hire legal counsel to discuss this matter. By this application, I am submitting to the jurisdiction of this Court and I am consenting that the Court hear and determine this matter without my personal appearance.
6. I understand that I have the right to be present at any and all appearances, including any hearing scheduled by the Court. I understand that if I fail to appear on any of the scheduled dates, either in person or by telephone, this Court may hear the matter in my absence or may issue a warrant for my arrest. If I am the Petitioner, I understand that if I fail to appear either in person or by telephone, the Court may dismiss my petition.

7. I understand that I must forward to the Court, prior to my scheduled appearance, the completed financial documentation as requested in the attached notice.

Date: _____

Sign: _____

_____ Mother _____ Father

This section to be completed by the office of the friend of the court
Please be advised that your Telephone Application is:

_____ Granted. The office of the Friend of the Court will telephone you on this scheduled date and time at the phone number you have provided and be prepared to present your testimony.

_____ Denied for the reasons indicated below:

If denied, you must **personally appear** at this Court on the scheduled date and time for the hearing.