



The Circuit Court
For the Third Judicial Circuit of Michigan
OFFICE OF THE FRIEND OF THE COURT
Information Services Department
PENOBSCOT BUILDING
645 GRISWOLD
DETROIT, MICHIGAN 48226

(Please Fill-In)

Payor Name: _____

Friend of the Court Case Number: _____

Payor Social Security Number: _____

Dear Friend of the Court Payor:

This form is in response to your inquiry about your joint tax refund. It will take approximately **ninety (90) days** from the date you receive your letter notifying you that your tax refund was intercepted for your Federal Tax Refund to reach Wayne County Friend of the Court.

If an Injured Spouse Claim Form has been filed, **the IRS requires that the Court hold the funds for a minimum of six (6) months**. This allows the IRS to adjust the amount of money the Court may credit the account. The IRS, not the Friend of the Court, will determine your current spouse's portion of the income tax refund and return it directly to them.

If your spouse **has not filed** and **will not file** an Injured Spouse Claim Form, your spouse should fill out #1. If your spouse **has filed** an Injured Spouse Claim form, your spouse should fill out #2. Please have this form **notarized**, make a copy for your records, and return original to: **TIP FOC 645 GRISWOLD, 2nd FLOOR, DETROIT MI 48226**.

1) I, _____ have not and will not file an Injured Spouse Claim form. Please apply the tax refund to any arrears the account may have and return the remainder to us.

2) I, _____ have filed an Injured Spouse Claim Form for my share of the income tax refund.

I understand that by signing this form I also authorize the Wayne County Friend of the Court to recoup any negative adjustments that may occur on this case as a result of my filing an Injured Spouse Claim Form after signing this letter.

Signature of Spouse: _____

Date: _____

Notary Public