STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

VERIFIED STATEMENT AND APPLICATION FOR IV-D SERVICES

Original - Friend of the Court 1st copy - Plaintiff/Attorney 2nd copy - Defendant/Attorney

CASE NO.

1.	. Mother's last name		First name		М	iddle na	ime		2. Any other names by which mother is or has been known			
3.	Date of birth	4. Social s	4. Social security number					5. Driver's license number and state				
6. Mailing address and residence address (if different)												
7.	Eye color	8. Hair color	9. Height	10. Weight	11.	. Race 12.			Scars, tattoos, etc.			
13	. Home teleph	hone no.	ne no. 15. Maiden name			me		16. Occupation				
17	. Business/Em	ployer's name ar	nd address		i					18. Gross weekly income		
19. Has mother applied for or does she receive public assistance? If yes, please specify kind. 20. DHS case number □ Yes □ No												
21	. Father's last)	Middle name 2				22. Any other names by which father is or has been known					
23	. Date of birth	24. Social	24. Social security number				I	25. Driver's license number and state				
26	26. Mailing address and residence address (if different)											
27	. Eye color	28. Hair color	29. Height	30. Weight	31.	Race		32. Scars, tattoos, etc.				
33	. Home teleph	1	35. Occupation									
36	6. Business/Employer's name and address 37. Gross weekly income											
38. Has father applied for or does he receive public assistance? If yes, please specify kind. 39. DHS case number ☐ Yes ☐ No												
40	0. a. Name of Minor Child Involved in Case b			b. Birth Date	c. Ag	c. Age d. Soc. Sec			e. Residential Address			
41	. a. Name of	b. Birth Date	c. Ag	e d. Residential Address								
42	Health care (coverage availabl	e for each minor	child								
72		of Minor Child						of Insurance Co./HMO d. Policy/Certificate/Contract No				
43	. Names and a	addresses of pers	son(s) other than	parties, if any,	who m	ay have	e custody	of ch	ild(ren) duri	ng pendency (of this case	
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case												
	any of the n		an information			oforo		dance	ntio onto	and you are	a required to give the friend of	

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change.

I request support services under Title IV-D of the Social Security Act.

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