

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT AND APPLICATION FOR IV-D SERVICES	CASE NO.
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1. Mother's last name			First name		Middle name		2. Any other names by which mother is or has been known		
3. Date of birth			4. Social security number			5. Driver's license number and state			
6. Mailing address and residence address (if different)									
7. E-mail address									
8. Eye color		9. Hair color	10. Height	11. Weight	12. Race	13. Scars, tattoos, etc.			
14. Home telephone no.		15. Work telephone no.		16. Maiden name		17. Occupation			
18. Business/Employer's name and address						19. Gross weekly income			
20. Has mother applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No						21. DHS case number			
22. Father's last name			First name		Middle name		23. Any other names by which father is or has been known		
24. Date of birth			25. Social security number			26. Driver's license number and state			
27. Mailing address and residence address (if different)									
28. E-mail address									
29. Eye color		30. Hair color	31. Height	32. Weight	33. Race	34. Scars, tattoos, etc.			
35. Home telephone no.		36. Work telephone no.		37. Occupation					
38. Business/Employer's name and address						39. Gross weekly income			
40. Has father applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No						41. DHS case number			
42. a. Name of Minor Child Involved in Case		b. Birth Date	c. Age	d. Soc. Sec. No.	e. Residential Address				
43. a. Name of Other Minor Child of Either Party		b. Birth Date	c. Age	d. Residential Address					
44. Health care coverage available for each minor child									
a. Name of Minor Child		b. Name of Policy Holder		c. Name of Insurance Co./HMO		d. Policy/Certificate/Contract/Group No.			
45. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case									

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.

Date

Signature