

WEXFORD/MISSAUKEE FRIEND OF THE COURT

401 Lake Street ■ Cadillac, MI 49601

Phone: 231-779-9494 ■ Fax: 231-779-9497

INSURANCE INFORMATION

Case No. _____

Your Name: _____

Co-Parent's Name: _____

I am providing a copy of this insurance card because:

- For my Friend of the Court file only
- So my co-parent has a copy
- For verification that my child/ren is/are covered by another policy and I need to have an insurance termination letter sent to my employer who is:

- Other:

Date

Signature