

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT AND APPLICATION FOR IV-D SERVICES	CASE NO.
--	---	-----------------

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. Eye color		8. Hair color		9. Height		10. Weight		11. Race		12. Scars, tattoos, etc.	
13. Home telephone no.			14. Work telephone no.			15. Maiden name			16. Occupation		
17. Business/Employer's name and address									18. Gross weekly income		
19. Has mother applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No									20. DHS case number		
21. Father's last name			First name			Middle name			22. Any other names by which father is or has been known		
23. Date of birth			24. Social security number			25. Driver's license number and state					
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 telephone no.			34. Work telephone no.			35. Occupation					
36. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No									39. DHS case number		
40. a. Name of Minor Child Involved in Case			b. Birth Date		c. Age	d. Soc. Sec. No.		e. Residential Address			
41. a. Name of Other Minor Child of Either Party			b. Birth Date		c. Age	d. Residential Address					
42. 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.		
43. 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 _____