

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 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 wife applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								20. AFDC and recipient identification numbers			
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 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 husband applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								39. AFDC and recipient identification numbers			
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. Soc. Sec. No.		e. 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		
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.