

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE
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Friend of the court address Telephone no.

Information about you:						
1. Last name	First name	Middle name	2. Any other names by which you have 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. Gender	14. Scars, tattoos, etc.
15. Mobile telephone no.	16. Home telephone no.	17. Work telephone no.			18. Occupation	
19. Business/Employer's name and address					20. Gross weekly income	
21. Did you apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No						
22. Any other country(ies) of citizenship:	23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)					

Information about the other parent in this case:						
24. Last name	First name	Middle name	25. Any other names by which parent has been known			
26. Date of birth	27. Social security number				28. Driver's license number and state	
29. Mailing address and residence address (if different)						
30. E-mail address						
31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.
38. Mobile telephone no.	39. Home telephone no.	40. Work telephone no.			41. Occupation	
42. Business/Employer's name and address					43. Gross weekly income	
44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
45. Any other country(ies) of citizenship:	46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)					

Information about the minor child(ren):				
47. a. Name and sex of minor child in case M/F		b. Birth date	c. Age	d. Soc. sec. no.
48. a. Name and sex of other minor child of either party M/F		b. Birth date	c. Age	d. Residential address
49. 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.	
50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.				

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

Date _____

Signature _____

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at <https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf>. Or you may request a copy from your local friend of the court office.