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| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | | | VERIFIED STATEMENT | | | | CASE NO. | |
| 1. Parent's last name | | | First name | | Middle name | | 2. Any other names by which parent 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. Gender | 14. Scars, tattoos, etc. |
| 15. Home telephone no. | | | 16. Work telephone no. | | 17. Occupation | | | |
| 18. Business/Employer's name and address | | | | | | 19. Gross weekly income | | |
| 20. 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 | | | | | | | | |
| 21. Other parent's last name | | | First name | | Middle name | | 22. Any other names by which parent 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. E-mail address | | | | | | | | |
| 28. Eye color | | 29. Hair color | | 30. Height | 31. Weight | 32. Race | 33. Gender | 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. 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 | | | | | | | | |
| 41. a. Name and sex of minor child in case | | | M / F | b. Birth date | | c. Age | d. Soc. sec. no. | e. Residential address |
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| 42. a. Name and sex of other minor child of either party | | | M / F | b. Birth date | | c. Age | d. Residential address | |
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| 43. 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. | |
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| 44. 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 that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

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. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf