

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. 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 this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
22. Other parent's last name			First name		Middle name	23. Any other names by which parent is or has been known	
24. Date of birth			25. Social security number			26. Driver's license number and state	
27. Mailing address and residence address (if different)							
28. E-mail address							
29. Eye color		30. Hair color	31. Height	32. Weight	33. Race	34. Gender	35. Scars, tattoos, etc.
36. Mobile telephone no.		37. Home telephone no.		38. Work telephone no.		39. Occupation	
40. Business/Employer's name and address						41. Gross weekly income	
42. 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							
43. a. Name and sex of minor child in case		M / F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address	
44. a. Name and sex of other minor child of either party		M / F	b. Birth date	c. Age	d. Residential address		
45. 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.	
46. 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