

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	
42. a. Name and sex of other minor child of either party		M / F	b. Birth date	c. Age	d. Residential address		
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.	
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