

# SUPPORT ENFORCEMENT REQUEST FORM

CASE NUMBER \_\_\_\_\_  
ACTION REQUESTED \_\_\_\_\_  
REASON FOR ACTION \_\_\_\_\_

## PAYER INFO (NEW INFO ONLY)

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS / PHONE NUMBER \_\_\_\_\_

EMPLOYER'S NAME, ADDRESS & PHONE NUMBER  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION / INCOME \_\_\_\_\_

PERSONAL/REAL PROPERTY \_\_\_\_\_  
(USE ADDITIONAL SHEET TO PROVIDE DETAILS)

LICENSES \_\_\_\_\_

## PAYEE INFO (NEW INFO ONLY)

ADDRESS / PHONE NUMBER \_\_\_\_\_

I REQUEST CHILD SUPPORT SERVICES AVAILABLE UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT (ENFORCEMENT, LOCATOR, FUTURE MODIFICATION).

PLEASE CHECK BOX TO INDICATE REQUEST FOR SERVICES

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MAIL FORM TO: OAKLAND COUNTY FRIEND OF THE COURT  
PO BOX 436012  
PONTIAC, MICHIGAN 48343-6012

FAX FORM TO: (248) 858-0461