

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY			VERIFIED STATEMENT			CASE NO.		
1. Mother's last name			First name	Middle name		2. Any other names by which mother is or has been known		
3. Date of birth		4. Social security number			5. Driver license number and state			
6. Mailing address and residence address (if different)								
7. Eye color	8. Hair color	9. Height	10. Weight	11. Race	12.. Scars, tattoos, etc.			
13. Home telephone number		14. Work telephone number		15. Maiden name		16. Occupation		
17. Business/Employer's name and address						18. Gross weekly income		
19. Has wife applied for or does she receive public assistance? If yes, please specify kind. [] Yes [] No					20. AFDC and recipient identification numbers			
21. Father's last name			First name	Middle name		22. Any other names by which father is or has been known		
23. Date of birth		24. Social security number			25. Driver license number and state			
26. Mailing address and residence address (if different)								
27. Eye color	28. Hair color	29. Height	30. Weight	31. Race	32.. Scars, tattoos, etc.			
33. Home telephone number		34. Work telephone number		35. Occupation				
36. Business/Employer's name and address						37. Gross weekly income		
38. Has husband applied for or does he receive public assistance? If yes, please specify kind. [] Yes [] No					39. AFDC and recipient identification numbers			
40. a. Name of minor child in case		b. Birth date	c. Age	d. Soc. Sec. No.	e. Residential address			
41. a. Other minor child of either party		b. Birth date	c. Age	d. Soc. Sec. No.	e. Residential address			
42. 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 No.		
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case								
I request child support services available under title IV-D of the Social Security Act [] YES (enforcement, locator, future modification). Answering "YES" allows Oakland County to qualify for federal funding. PLEASE CHECK!			I declare that the statements above are true to the best of my information and belief.			The Friend of the Court will not discriminate against any individual or group because of race, sex, religion, age, national origin, color marital status, political beliefs, or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known at the Friend of the Court office.		
FOC (5/97)	Applicant's Signature (Signature is required)						Date	