

# CHILD SUPPORT INFORMATION

FOR OFFICE USE ONLY

Return to:

Michigan Department of Human Services – Office of Child Support  
 235 S. Grand Blvd., P.O. Box 30750, Lansing, MI 48909-8250  
 Your support specialist may contact you to get additional information.

## INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

<b>Support Specialist</b>	<b>IV-D Case Number</b>	<b>Returned On</b>

Name (First, Middle, Last, Suffix)	Maiden Name (if applicable)	Birth Date	Social Security No.
Home Address (P.O. Box No., No. and Street)		City	State
			Zip Code
Home Phone No. (     )     )	Work Phone No. (     )     )	Cell Phone No. (     )     )	County

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child.  Yes  No

## MARITAL STATUS INFORMATION

Note: If you are not the mother, provide as much information as you can.

Has the mother ever been married? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Full Name of Mother's CURRENT Spouse	Date Married	Place (City, County, State)
Is the mother currently: <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated ▶	Date	Court Order No.	Place (City, County, State)
<input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Filed ▶	Date	Court Order No.	Place (City, County, State)
Full Name(s) of Mother's FORMER Spouse(s)	Date Divorced/Deceased	Date Married	Place (City, County, State)
Mother's Former Spouse(s): <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased ▶	Date Divorced/Deceased	Court Order No.	Place (City, County, State)
		Court Order Exist? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	

## INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME

Note: If both parents are out of the home, provide information for each parent by attaching a separate sheet of paper for the other parent. If you are not the parent, provide as much information as you can.

Parent's Name (First, Middle, Last, Suffix)	Maiden Name (if applicable)	Birth Date	Social Security No.	Age
Home Address (P.O. Box No., No. and Street)	<input type="checkbox"/> Current <input type="checkbox"/> Last Known	City	State	Zip Code
				Home Phone No. (     )     )
				Cell Phone No. (     )     )
Weight	Height	Hair Color	Eye Color	Race
Employer Name	<input type="checkbox"/> Current <input type="checkbox"/> Last Known	Employer Address (P.O. Box No., No. and Street)	City	State
				Zip Code
				Phone No. (     )     )

If address or employer is not in Michigan, has the parent ever lived or worked in Michigan?  No  Yes, If Yes, provide address:

Parent's Mother's Name	Parent's Father's Name	Has this parent ever been in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?	Has this parent ever been in prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where?
Does this parent have any other children? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes ▶	Child(ren)'s Name(s) and Sex(es) (M or F)	Mother's Name(s)	Child(ren)'s Age(s)
Where did you meet the parent?			City and State Where Child(ren) Lives

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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 to a DHS office in your area.

**INFORMATION ABOUT THE CHILD(REN)**

Note: Provide the information below for all children in your home. Attach additional pages, if necessary.

**Child One**

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order Provide the following information about that document:				
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

**Child Two**

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order Provide the following information about that document:				
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

**Child Three**

Child's Full Name (First, Middle, Last, Suffix)		Birth Date	Social Security No.	Sex (M or F)
Conception Date	Conception City and State	Birthplace City and State	Who paid for the birth of the child (Medicaid, Private Insurance, Mother, Father, Other)?	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order Provide the following information about that document:				
Date Signed	Place Signed ▶	City	County	State
What is your relationship to this child?				

**ADDITIONAL INFORMATION**

If you cannot provide information about the parent who is not in the home, such as, date of birth and/or Social Security number, attach a written statement that could assist in identifying and locating the parent. Include the following information in your statement:

- How long you have known the parent.
- Date and type of last contact with the parent.
- Name(s) of the parent's family members (parents, siblings and/or children).
- Parent's current or former roommate(s).
- Parent's former address(es).
- Parent's current or former spouse(s).
- Any other information you feel may assist in identifying and locating the parent.

I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances that may affect support action in my case.

Signature

Authorities: R 400.3009 MAC and R 400.5008 MAC Failure to complete may result in loss of benefits from Child Development and Care (CDC) and the Food Assistance Program (FAP).  
42 USC 654(29) Failure to provide information may result in loss of Family Independence Program (FIP) benefits for all family members and loss of Medicaid (MA) for all adult members.

Date