

Approved, SCAO

Original – Friend of the court  
Additional copies as needed

<b>STATE OF MICHIGAN</b> 53rd <b>CHEBOYGAN</b>	<b>JUDICIAL CIRCUIT</b> <b>COUNTY</b>	<b>CHILD-CARE VERIFICATION</b>	<b>CASE NO.</b>
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<b>Friend of the court address</b> 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721	<b>Telephone no.</b> 231-627-8826
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**PARENT INFORMATION**

Complete the top portion of this form and have your child-care provider complete the remainder.  
**It is your responsibility to return the completed form to the friend of the court.**

Name
Name(s) and age(s) of child(ren) involved in this case

**CHILD-CARE PROVIDER INFORMATION Please attach a schedule of your most recent child-care rates.**

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider		Address		
City	State	Zip	County	Area Code and Telephone no.
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child	Summer Season Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Do you require payment for services even when children are absent to guarantee a position in your center? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please explain:				
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please provide agency name and amount contributed.				
The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.				
_____ Date		_____ Signature and title of provider		