

Approved, SCAO

<b>STATE OF MICHIGAN</b> 53rd <b>CHEBOYGAN</b> <b>JUDICIAL CIRCUIT</b> <b>COUNTY</b>	<b>VERIFIED STATEMENT</b>	<b>CASE NO.</b>
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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/dhs1201.pdf](http://courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201.pdf).