

STATE OF MICHIGAN 34th JUDICIAL CIRCUIT Roscommon COUNTY	REQUEST TO REOPEN FRIEND OF THE COURT CASE	CASE NO.
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Court address: 500 Lake Street, Roscommon, MI 48653 Telephone no. (989) 275-1902

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

Attorney:

Attorney:

1. On _____ an order was entered exempting this case from friend of the court services.

Date

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office. Attached is a completed Verified Statement (form FOC 23).

I request support services under Title IV-D of the Social Security Act.

_____ Date

_____ Signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this request on the friend of the court and on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

_____ Date

_____ Signature

STATE OF MICHIGAN 34th JUDICIAL CIRCUIT Roscommon COUNTY	VERIFIED STATEMENT AND APPLICATION FOR IV-D SERVICES	CASE NO.
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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'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. Scars, tattoos, etc.	
14. Home telephone no.			15. Work telephone no.			16. Maiden name			17. Occupation		
18. Business/Employer's name and address									19. Gross weekly income		
20. Has mother applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No									21. DHS case number		
22. Father's last name			First name			Middle name			23. Any other names by which father is or has been known		
24. Date of birth			25. Social security number			26. Driver's license number and state					
27. Mailing address and residence address (if different)											
28. E-mail address											
29. Eye color		30. Hair color		31. Height		32. Weight		33. Race		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. Has father applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No									41. DHS case number		
42. a. Name of Minor Child Involved in Case			b. Birth Date		c. Age		d. Soc. Sec. No.		e. Residential Address		
43. a. Name of Other Minor Child of Either Party			b. Birth Date		c. Age		d. Residential Address				
44. 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.		
45. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case											

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.

I request support services under Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date _____ Signature _____