

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CHILD CARE VERIFICATION	CASE NO. *
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Court address

Court telephone no.

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 *
Are you receiving financial assistance for child care from any Federal or State agency? ___ Yes ___ No If yes, please state the agency and the amount you are receiving. *

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 above name child(ren).

Name of provider *		Address *		
City *	State *	Zip *	County *	Area Code and Telephone no. *
Name and Age of Child		School Year Rates	Avg. No. of Hours/Week	Hourly Rate
*		*	*	*
*		*	*	*
*		*	*	*
Name and Age of Child		Summer Season Rates	Avg. No. of Hours/Week	Hourly Rate
*		*	*	*
*		*	*	*
*		*	*	*
Do you require payment for services even when children are absent to guarantee a position in your center? ___ Yes ___ No If yes, please explain: *				
Does a Federal or State agency contribute all or a portion of these child care services? ___ Yes ___ No If yes, please provide agency name and amount contributed. *				
The above information 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 above information is true, accurate, and complete.				
* _____ Date		* _____ Signature and title of provider		