To the Clerk: For FOC office

STATE OF MICHIGAN

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	CASE	NO.	and JUDGE	

JUI	DICIAL CIRCUIT COUNTY		DOMESTIC JUDGMENT II TEMPORAR		N				
Friend of the court addre	ess						Telephone no.		
support order is ente	ered and when su	ubmitting	any final prop	osed judgme	ent awardi	t temporary custody, pareng ng custody, parenting tim 302, Proof of Mailing).			
The information prev	viously provided	□is	changed.	is unchang	ed. (Co	omplete only the fields that hav	e changed.)		
Date				Signature					
Plaintiff Information	า			Defendant I	nformatio	on			
Name				Name					
Address			Address						
Social security number	number Telephone number			Social security	number Tele	r Telephone number			
E-mail address				E-mail address					
Employer name, address,	telephone number, a	nd FEIN (i	f known)	Employer name	e, address, to	elephone number, and FEIN (if	known)		
Driver's license number and state				Driver's license number and state					
Occupational license number(s), type(s), issuing state(s), and date(s)				Occupational license number(s), type(s), issuing state(s), and date(s)					
CUSTODY PROVISI	ONS sole, p	laintiff = P	sole, defendant	= D joint = J	other = O	ust identify)			
Child's name	sec	ocial curity mber	Date of birth	Physical custody P, D, J, O	Child's p	rimary residence address	custody P, D, J, O		

Domestic Relations Judgment In Page 2 of 2	formation (6/22)		Case No.							
SUPPORT PROVISIONS										
☐ Support provisions are s	tated in the Unifor	rm Support	Order.							
			each insurance provider for the p				t. The			
Plaintiff's Insurance Cove	rage									
Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other			
		1				<u> </u>				
Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other			
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