

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CHILD-CARE VERIFICATION	CASE NO. and JUDGE
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Friend of the court address

Telephone no.

PARENT INFORMATION

Complete first page of this form and have your child-care provider complete page 2.  
**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 page 2 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	<b>School Year Rates</b>		Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child	<b>Summer Season Rates</b>		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? If yes, please explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please provide the agency name and amount contributed.					<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____			