

SUPPORT ENFORCEMENT REQUEST FORM

CASE NUMBER _____
ACTION REQUESTED _____
REASON FOR ACTION _____

PAYER INFO (NEW INFO ONLY)

SOCIAL SECURITY NUMBER _____

ADDRESS / PHONE NUMBER _____

EMPLOYER'S NAME, ADDRESS & PHONE NUMBER

OCCUPATION / INCOME _____

PERSONAL/REAL PROPERTY _____
(USE ADDITIONAL SHEET TO PROVIDE DETAILS)

LICENSES _____

PAYEE INFO (NEW INFO ONLY)

ADDRESS / PHONE NUMBER _____

I REQUEST CHILD SUPPORT SERVICES AVAILABLE UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT (ENFORCEMENT, LOCATOR, FUTURE MODIFICATION).

PLEASE CHECK BOX TO INDICATE REQUEST FOR SERVICES

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X

SIGNATURE

DATE

MAIL FORM TO: OAKLAND COUNTY FRIEND OF THE COURT
PO BOX 436012
PONTIAC, MICHIGAN 48343-6012

FAX FORM TO: (248) 858-0461