

REQUEST FOR SUPPORT REVIEW

DOCKET NUMBER _____

NAME _____

ADDRESS _____

DAYTIME PHONE _____

**DATE OF LAST
MODIFICATION** _____

NOTE: REVIEWS MAY BE REQUESTED ONCE EVERY 3 YEARS

**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

SIGNATURE

DATE

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

FAX FORM TO: (248) 858-0461