

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>CHILD-CARE VERIFICATION</b>	<b>CASE NO.</b>
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Friend of the court address

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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the name of the agency and the amount your 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 child(ren) named above.

Name of provider		Address			
City	State	Zip	County	Area code and Telephone no.	
<b>Name and Age of Child</b>	<b>School Year Rates</b>		Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
<b>Name and Age of Child</b>	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Does a federal or state agency contribute all or a portion of these child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the agency name and amount contributed.					
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 _____			