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| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | CHILD-CARE VERIFICATION | CASE NO. |
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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.

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| Name |
| Name(s) and age(s) of child(ren) involved in this case |
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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.

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|---|----------------------------|---------------------------------------|-------------|-----------------------------|--|
| Name of provider | | Address | | | |
| City | State | Zip | County | Area code and Telephone no. | |
| Name and Age of Child | School Year Rates | Average No. of Hours/Week | Hourly Rate | Total Weekly Rate | |
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| Name and Age of Child | Summer Season Rates | Average No. of Hours/Week | Hourly Rate | Total Weekly Rate | |
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| 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 or a public or private entity contribute all or a portion of the cost of 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 _____ | | | |