

NON-FIP CHILD SUPPORT SERVICES APPLICATION

OFFICE OF THE FRIEND OF THE COURT
 Chippewa County Courthouse Annex 300 Court Street
 Sault Ste. Marie, MI 49783
 PHONE: (906) 635-6347 FAX:(906) 635-7609

FOR OFFICE USE ONLY

Date Requested	Date Provided	Date Filed
IV-D Case Number	County Chippewa	Docket No.

INFORMATION ABOUT YOU

1. Name		2. Birthdate	3. Social Security Number
4. Home Address (P.O. Box No., No. and Street)		City	State Zip Code
5. Home Phone Number	6. How Are You Related to the Children Listed in Item 36 <input type="checkbox"/> Parent <input type="checkbox"/> Other, Specify		<input type="checkbox"/> I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child.
7. Work Phone Number	8.a Have You Ever Received AFDC or FIP? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes >>	When & Where?	
9. Other Phone Number	b Have You Ever Received Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes >>	When & Where?	

INFORMATION ABOUT THE OTHER PARENT

10. Parent's Name		11. Race <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	
12. Home Address (P.O. Box No., No. and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known		<input type="checkbox"/> Check if Multiracial - You are multiracial if you have parents from more than one racial-ethnic group or if at least one of your parents is multiracial	
City State Zip Code			
13. Birthplace (City and State)	14. Social Security Number	15. Hair Color	16. Eye Color
17. Height	18. Weight		
19. Birthdate	20. Age	21. Phone Number	22. Car Make, Model and Year
23. License Plate Number			
24. Driver License Number	Issuing State	25. Professional or Occupational License No.	Type
Issuing Agency			
26. Employer Name		27. Employer Phone Number	28. Work Hours (e.g. 8 a.m. - 5 p.m.)
29. Employer Address (P.O. Box No., No. and Street)		City	State Zip Code

DEPENDENT HEALTH CARE COVERAGE INFORMATION (Attach Copy of Card(s))

30. Policy Holder Name		31. Health Care Coverage, Carrier, or Plan Administration Name (Insurance Co.)	
32. Health Care Coverage, Carrier, or Plan Administrator (Ins. Co.) Address		City	State Zip Code
33. Policy or Group No.	34. Certificate or Contract No.	35. Effective Date of:	<input type="checkbox"/> Coverage <input type="checkbox"/> Termination Date

INFORMATION ABOUT CHILD(REN) OF PARENT LISTED IN ITEM 10 ABOVE

36. Child(ren)'s Name A.	37. Birthdate	38. Social Security No.	39. Is Child Covered by Health Care Provider <input type="checkbox"/> Yes, complete 30-35 <input type="checkbox"/> No <input type="checkbox"/> Unknown
B.			<input type="checkbox"/> Yes, complete 30-35 <input type="checkbox"/> No <input type="checkbox"/> Unknown
C.			<input type="checkbox"/> Yes, complete 30-35 <input type="checkbox"/> No <input type="checkbox"/> Unknown
D.			<input type="checkbox"/> Yes, complete 30-35 <input type="checkbox"/> No <input type="checkbox"/> Unknown
E.			<input type="checkbox"/> Yes, complete 30-35 <input type="checkbox"/> No <input type="checkbox"/> Unknown

MARITAL AND PATERNITY STATUS INFORMATION

40. Were (Are) Parents Married? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes >>	Date	Where (Co./State)	41. If not, has Paternity Been Established? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes >>	Date	Where (Co./State)
42. Are Parents? <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Date	Where (Co./State)	43. Court Order Exist? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes >>	Court Order Numbers	Where (Co./State) (for ea. order)

I REQUEST CHILD SUPPORT SERVICES AVAILABLE UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT.
 All services Locate Only Medical Support Only
 I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances which may affect support action in my case.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

Applicant's Signature (Signature is Required)	Date	Authority: 45 CFR 302.33 Completion: Application for services is voluntary Penalty: None
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