

Friend of the Court

Please submit your Friend of the Court Inquiry on this form. Your case information will be updated and the Friend of the Court Staff will respond to your inquiry by email.

CASE/DOCKET NO.	YOUR SOCIAL SECURITY NUMBER		TODAY'S DATE
YOUR LAST NAME	YOUR FIRST NAME		MIDDLE INITIAL
YOUR CURRENT HOME ADDRESS	CITY	STATE	ZIP CODE
YOUR DAYTIME PHONE	EVENING OR OTHER PHONE	DRIVER'S LIC. OR STATE I.D. #	
ALTERNATE ADDRESS	CITY	STATE/ZIP CODE	ALTERNATE PHONE
YOUR EMPLOYER OR SOURCE OF INCOME	EMPLOYER'S ADDRESS		EMPLOYER PHONE #
Is this a new employer? <input type="checkbox"/> yes <input type="checkbox"/> no	MEDICAL INS. PROVIDER & POLICY #		Is the dependent covered? <input type="checkbox"/> yes <input type="checkbox"/> no
LAST NAME OF <u>OTHER PARTY</u> ON THIS CASE	FIRST NAME		
OTHER PARTY'S HOME ADDRESS	CITY	STATE	ZIP CODE
OTHER PARTY'S SOCIAL SECURITY NUMBER	OTHER PARTY'S EMPLOYER OR SOURCE OF INCOME		
OTHER PARTY'S EMPLOYER ADDRESS	OTHER'S PARTY'S EMPLOYER PHONE	Is this a new employer? <input type="checkbox"/> yes <input type="checkbox"/> no	

WHAT IS YOUR REQUEST TODAY?

By submitting this form, I certify that I am a party to this case, the information provided above is true and correct, and I am applying for/requesting Title IV-D services.

The Wayne County Friend of the Court uses phone technology to contact parties regarding child support payments.

