

Approved, SCAO

STATE OF MICHIGAN 47th JUDICIAL CIRCUIT DELTA COUNTY	CHILD CARE VERIFICATION	CASE NO.
---	--------------------------------	-----------------

Court address: 310 Ludington St., Escanaba MI 49829-3250 FAX NO. (906)789-5187
 Court telephone no. (906) 789-5111

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 agency and the amount you 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 above name child(ren).

Name of provider		Address		
City	State	Zip	County	Area Code and Telephone no. ()
Name and Age of Child	School Year Rates	Avg. No. of Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child	Summer Season Rates	Avg. 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 agency name and amount contributed.				
The above information 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 above information is true, accurate, and complete.				
Date	Signature and title of provider			