

<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

**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>		<b>Average No. of Hours/Week</b>	<b>Hourly Rate</b>	<b>Total Weekly Rate</b>
<b>Name and Age of Child</b>	<b>Summer Season Rates</b>		<b>Average No. of Hours/Week</b>	<b>Hourly Rate</b>	<b>Total Weekly Rate</b>
Do you require payment for services even when children are absent to guarantee a position in your center? If yes, please explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please provide the agency name and amount contributed.					<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____		