

STATE OF MICHIGAN 49TH JUDICIAL CIRCUIT MECOSTA COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address Telephone no.
 400 ELM ST, PO BOX 508, BIG RAPIDS, MI 49307 (231) 592-0115

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.	
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Name and Age of Child	Summer Season Rates	Average 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 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 _____			