

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

CHILD-CARE VERIFICATION

CASE NO.

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.

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?

☐ Yes ☐ 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? ☐ Yes ☐ 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