

STATE OF MICHIGAN 27TH JUDICIAL CIRCUIT NEWAYGO COUNTY Family Division	CURRENT PERSONAL INFORMATION	DOCKET NO.
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Please provide both your **street** address & **PO Box** address if applicable. Hearing notices and other correspondence from the Friend of the Court office will only reach you if the address below matches your address on record at your Post Office.

Please complete name, SSN and DOB and complete only those sections that apply.

Your Name	DOB	SSN
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1. Current Address and Telephone Number

Street Address			P.O. Box	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Updated
City	State	Zip	Home Phone #		
E-Mail Address	Cell Phone #		Work Phone #		Staff Initials

Is your address at the Friend of the Court office confidential? yes no It is due to a signed Sworn Statement on file?

If yes, one of these must be checked. → It is due to a Personal Protection Order?

It is due to a Court Order?

2. Alternate Address

If the Court has ordered your address confidential, a sworn statement has been approved by the FOC or a valid Personal Protection Order exists making your address confidential, you must provide an alternate address where the other party and the FOC can mail notices and court documents.

Street Address			P.O. Box	Date Updated
City	State	Zip		
Staff Initials				

3. Current Employer

Employer Name		Contact Person			Date Updated
Street Address				P.O. Box	
City	State	Zip	Phone #		Staff Initials
Are You Currently Receiving Unemployment Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>					

4. Health Care Insurance Provider for ONLY your COVERED CHILDREN on NEWAYGO COUNTY Dockets

Policy Holder			Effective Date	Date Updated
Medical	Dental	Vision	Prescription	
Company Name	Company Name	Company Name	Company Name	Staff Initials
Group #	Group #	Group #	Group #	
Contract #	Contract #	Contract #	Contract #	
Dependants Covered	Dependants Covered	Dependants Covered	Dependants Covered	

Signature	Date
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