STATE OF MICHIGAN 27TH JUDICIAL CIRCUIT Family Division - FOC	CURRENT PERSONAL INFORMATION	DOCKET NO.

Please ***Sign and date the bottom.***

Your Name	DOB	Last Four SSN#: XXX-XX-__ __ __ __

1. Current Address and Telephone Number

Street Address			P.O. Box
City	State	Zip	Home Phone #
E-Mail Address	Cell Phone #		Work Phone #

Date Updated | Staff Initials

If your address is confidential, <u>you must provide an alternate address where the other party and the FOC can mail notices</u>.

Street Address			P.O. Box
City	State	Zip	

Date Updated | Staff Initials

3. Current Employer

Employer Name			Contact Person
Street Address			P.O. Box
City	State	Zip	Phone #

Current Wages $	☐ per hour ☐ per month ☐ per week ☐ per year	Current Hours	Source of Income (if applicable): ☐ Temp Agency ☐ Social Security ☐ Unemployment

Date Updated | Staff Initials

4. Health Care Insurance Provider for <u>ONLY</u> your CHILDREN on NEWAYGO COUNTY Dockets

Check Policy Holder ☐ Self ☐ Other (List Policy Holder Name)				Effective Date of Policy
	MEDICAL	DENTAL	VISION	PRESCRIPTION
Company Name				
Group #				
Contract #				
Names of Children Covered 1.				
2.				
3.				
4.				

Date Updated | Staff Initials

Signature	Date