Approved, SCAO

Original - Friend of the court
Copies - All parties

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 1 ☐ TEMPORARY ☐ FINAL	CASE NO.

USE NOTE: Complete this form and file it with the friend of the court (**do not file this form with the office of the clerk of the court)** when the first temporary custody, parenting-time, or support order is entered and when submitting any final proposed judgment awarding custody, parenting time, or support. Mail a copy to each party and file proof of mailing with the court (may use form MC 302, Proof of Mailing).

The information previously provided ☐ is changed ☐ is unchanged. (Complete only the fields that have changed.)

Date _____ Signature _____

Plaintiff Information		**Defendant Information**	
Name		Name	
Address		Address	
Social security number	Telephone number	Social security number	Telephone number
E-mail address		E-mail address	
Employer name, address, telephone number, and FEIN (if known)		Employer name, address, telephone number, and FEIN (if known)	
Driver's license number and state		Driver's license number and state	
Occupational license number(s), type(s), issuing state(s), and date(s)		Occupational license number(s), type(s), issuing state(s), and date(s)	

CUSTODY PROVISIONS sole, plaintiff = P sole, defendant = D joint = J other = O _____ (must identify)

Child's name	Social security number	Date of birth	Physical custody P, D, J, O	Child's primary residence address	Legal custody P, D, J, O

SUPPORT PROVISIONS

☐ Support provisions are stated in the Uniform Support Order.
Medical Support provisions are stated on page 2 of this form.

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MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐