

# SUPPORT ENFORCEMENT REQUEST FORM

CASE NUMBER

ACTION REQUESTED

REASON FOR ACTION

## **PAYER INFO** (NEW INFO ONLY)

SOCIAL SECURITY NUMBER

ADDRESS / PHONE NUMBER

EMPLOYER'S NAME, ADDRESS & PHONE NUMBER

OCCUPATION / INCOME

PERSONAL / REAL PROPERTY

(USE ADDITIONAL SHEET TO PROVIDE DETAILS)

LICENSES

## **PAYEE INFO** (NEW INFO ONLY)

ADDRESS / PHONE NUMBER

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I REQUEST CHILD SUPPORT SERVICES AVAILABLE UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT (ENFORCEMENT, LOCATOR, FUTURE MODIFICATION).

**PLEASE CHECK BOX TO INDICATE REQUEST FOR SERVICES**

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X

SIGNATURE

DATE

OAKLAND COUNTY FRIEND OF THE COURT  
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