

Jackson County Friend of the Court
1697 Lansing Avenue
Jackson, Michigan 49202
Phone: (517) 788-4470 / Fax: (517) 788-4683

Child Support Complaint Form

Date: _____ Court Order Number: _____

Payer's Name _____

Address _____

Telephone Number _____ (home) _____ (work)

Social Security Number _____ Date of Birth _____

Physical Description: Hair Color _____ Eyes _____ Height _____ Weight _____

Scar/Marks/Tattoos/Glasses/etc _____

Employer _____ Telephone No. _____

Address _____

Work Hours _____ Type of work usually performed _____

Is payer on an Income Withholding Order? _____ Date of last payment _____

Is enforcement taking place on your case at this time? _____ What type _____

Does the payer on this case pay child support on any other cases? _____

Additional Information _____

General Information Concerning Yourself

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number _____ (home) _____ (work)

Social Security Number _____ Date of Birth _____

I hereby request child support services under the Child Support Program of the Title IV-D of the Social Security Act.

Signature