

# Child Support Response Form

If not submitted electronically, return to:

IV-D Case Number

Michigan Department of Health and Human Services  
Office of Child Support  
PO BOX 30744  
LANSING, MI 48909-8244

## INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

Name (First, Middle, Last, Suffix)		Maiden Name (If applicable)		
Date of Birth		Social Security Number		Relationship to the Child(ren)
Sex	Height	Weight	Hair Color	Eye Color
Identifying Marks (Scars, Tattoos, etc.)				
Race (Please select one)			Ethnicity (Please select one)	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)	<input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi)	<input type="checkbox"/> Hispanic, Latino, Spanish origin	
<input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean)	<input type="checkbox"/> Native Hawaiian, Pacific Islander	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Not of Hispanic, Latino, Spanish origin	
<input type="checkbox"/> Indigenous (Native People, Native Alaskan)	<input type="checkbox"/> White (German, Irish, English)	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to answer/unknown	
Tribe Name		Is there a tribal child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child.			
<b>Home Address</b>				
Street Address (Number and Street)				
City		State	Zip Code	
County		Country		
<b>Mailing Address</b>				
Street Address (P.O. Box Number, Number and Street)				
City		State	Zip Code	
County		Country		
<b>Contact Information</b> * Indicates best way to contact				
Home Phone Number		Work Phone Number	Cell Phone Number	
Other Ways to Contact			Email	
<b>Assistance Received in Other States</b>				
Type of Assistance and Providing State (Type, State)				

**INFORMATION ABOUT THE CHILD(REN)  
FIRST CHILD**

Name (First, Middle, Last, Suffix)		Sex		Age	
Social Security Number		Name of Parent Not in Home		Insurance Other Than Medicaid	
<b>Birth Information</b>					
Date of Birth		Birthplace City		Birthplace State	Birthplace Country
Who paid for the birth of the child? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:					
<b>Conception/Pregnancy Information</b>					
Conception Date		Conception City		Conception State	Conception Country
<b>Mother's Marriage Information</b>					
Name of Spouse				Spouse's Date of Birth	
Marriage Date	City		State	Country	County
Separated or Divorced?			Date of Separation/Divorce		
Court Order Number		City		State	County
<b>Paternity Information</b>					
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order <input type="checkbox"/> Neither				Father's Name	
Date Signed		City		State	County

**SECOND CHILD**

Name (First, Middle, Last, Suffix)		Sex		Age	
Social Security Number		Name of Parent Not in Home		Insurance Other Than Medicaid	
<b>Birth Information</b>					
Date of Birth		Birthplace City		Birthplace State	Birthplace Country
Who paid for the birth of the child? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:					
<b>Conception/Pregnancy Information</b>					
Conception Date		Conception City		Conception State	Conception Country
<b>Mother's Marriage Information</b>					
Name of Spouse				Spouse's Date of Birth	
Marriage Date	City		State	Country	County
Separated or Divorced?			Date of Separation/Divorce		
Court Order Number		City		State	County
<b>Paternity Information</b>					
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, check one: <input type="checkbox"/> Affidavit of Parentage <input type="checkbox"/> Court Order <input type="checkbox"/> Neither				Father's Name	
Date Signed		City		State	County

## INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME

Name (First, Middle, Last, Suffix)			Maiden Name (If applicable)		
Alias			Social Security Number		
Mother's Name		Father's Name		Age	
Date of Birth		Date of Death		Relationship to the Child(ren)	
Sex	Height	Weight	Hair Color		Eye Color
Identifying Marks (Scars, Tattoos, etc.)					
Race (Please select one)				Ethnicity (Please select one)	
<input type="checkbox"/> Black/African American <input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean) <input type="checkbox"/> Indigenous (Native People, Native Alaskan)		<input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian) <input type="checkbox"/> Native Hawaiian, Pacific Islander <input type="checkbox"/> White (German, Irish, English)		<input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi) <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	
Tribe Name			Is there a tribal child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Home Address</b>					
Street Address (Number and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
City		State		Zip Code	
County		Country			
<b>Mailing Address</b>					
Street Address (P.O. Box Number, Number and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
City		State		Zip Code	
County		Country			
<b>Contact Information</b>					
Home Phone Number		Cell Phone Number		Email Address	
Other Ways to Contact					
Social Media Names					
<b>Employment Information</b>					
Employer Name <input type="checkbox"/> Current <input type="checkbox"/> Last Known			Employer Address (P.O. Box Number, Number and Street)		
City		State	Zip Code	Phone Number	
<b>Driver Information</b>					
Driver's License Number		License Plate Number		Vehicle Year, Make, Model	

Jail and Prison Information			
Jail Inmate Number	City	State	County
Prison Inmate Number	Type [ ] State [ ] Federal		
City		State	County

### Additional Information

If you cannot provide information about the parent who is not in the home, such as date of birth and/or Social Security number, include the following information that could assist in identifying and locating the parent:

- How long you have known the parent.
- Date and type of last contact with the parent.
- Name(s) of the parent's family members (parents, siblings and/or children).
- Parent's current or former roommate(s).
- Parent's former address(es).
- Parent's current or former spouse(s).
- Any other information you feel may assist in identifying and locating the parent.

### Signature

By signing this, I declare that the information is true and correct to the best of my knowledge and I agree to report any changes in my circumstances that may affect support action in my case. I certify that I have received or have had an opportunity to review the DHS Publication 748, "Understanding Child Support: A Handbook for Parents" at the link provided to me in the *Online Child Support Response* form.

Signature	Date
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.