

Child Support Response Form

IV-D Case Number

If not submitted electronically, return to:
Michigan Department of Health and Human Services
Office of Child Support
P.O. Box 30744
Lansing, MI 48909

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/Ethnicity <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Other:					
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.			
Home Address <input type="checkbox"/> I do not have a home address					
Street Address (Number and Street)					
City		State		Zip Code	
Country			County		
Mailing Address					
Street Address (P.O. Box Number, Number and Street)					
City		State		Zip Code	
Country			County		
Contact Information * Indicates best way to contact					
Home Phone Number		Work Phone Number		Cell Phone Number	
Other Ways to Contact					
Assistance Received in Other States					
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
Birth Information			
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:			
Conception/Pregnancy Information			
Conception Date	Conception City	Conception State	Conception Country
Mother's Marriage Information			
Name of Spouse		Spouse's Date of Birth	
Marriage Date	City	State	County
Separated or Divorced?		Date of Separation/Divorce	
Court Order Number	City	State	County
Paternity Information			
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?			
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	
Birth Information			
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:			
Conception/Pregnancy Information			
Conception Date	Conception City	Conception State	Conception Country
Mother's Marriage Information			
Name of Spouse		Spouse's Date of Birth	
Marriage Date	City	State	County
Separated or Divorced?		Date of Separation/Divorce	
Court Order Number	City	State	County
Paternity Information			
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?			
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

THIRD CHILD

Name (First, Middle, Last, Suffix)		Sex	Age
Social Security Number	Name of Parent Not in Home	Insurance Other Than Medicaid	
Birth Information			
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:			
Conception/Pregnancy Information			
Conception Date	Conception City	Conception State	Conception Country
Mother's Marriage Information			
Name of Spouse		Spouse's Date of Birth	
Marriage Date	City	State	County
Separated or Divorced?		Date of Separation/Divorce	
Court Order Number	City	State	County
Paternity Information			
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?			
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/Ethnicity <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Other:					
Tribe Name			Is there a tribal child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address <input type="checkbox"/> Does not have a home address					
Street Address (Number and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
City		State		Zip Code	
Country			County		
Mailing Address					
Street Address (P.O. Box Number, Number and Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
City		State		Zip Code	
Country					
Contact Information					
Home Phone Number		Cell Phone Number		Email Address	
Other Ways to Contact					
Social Media Names					

Employment Information			
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
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
Driver Information			
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 <input type="checkbox"/> State <input type="checkbox"/> Federal		
City	State	County	
Additional Information			
<p>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:</p> <ul style="list-style-type: none"> • How long have you 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

<p>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 <i>Online Child Support Response</i> form.</p>		<p>Authorities: <u>R 400.3009 MAC</u> and <u>R 400.5008 MAC</u> Failure to complete may result in loss of benefits from Child Development and Care (CDC) and the Food Assistance Program (FAP). <u>42 USC 654(29)</u> Failure to provide information may result in loss of Family Independence Program (FIP) benefits for all family members and loss of Medicaid (MA) for all adult members.</p>
Signature		Date
<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</p>		