

| | | |
|--|---|---------------------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | DOMESTIC RELATIONS JUDGMENT INFORMATION <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL | CASE NO. and JUDGE |
|--|---|---------------------------|

Friend of the court address _____ Telephone no. _____

USE NOTE: Complete this form and file it with the friend 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: 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 |
|---------------------------|------------------|-----------|----------------------|---------|--------|---------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |