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
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)

[ ] Black/African American
[ ] East/Southeast Asian (Chinese, Japanese, Korean)
[ ] Indigenous (Native People, Native Alaskan)
[ ] Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)
[ ] Native Hawaiian, Pacific Islander
[ ] White (German, Irish, English)
[ ] South Asian (East Indian, Pakistani, Bangladeshi)
[ ] Multi-Racial
[ ] Other
[ ] Prefer not to answer/unknown

Ethnicity (Please select one)

[ ] Hispanic, Latino, Spanish origin
[ ] Not of Hispanic, Latino, Spanish origin
[ ] Prefer not to answer/unknown

Tribe Name	Is there a tribal child support order? [ ] Yes [ ] No

[ ] Yes [ ] 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

Street Address (Number and Street)		
City	State	Zip Code
County	Country	

Mailing Address

Street Address (P.O. Box Number, Number and Street)		
City	State	Zip Code
County	Country	

Contact Information

* Indicates best way to contact

Home Phone Number	Work Phone Number	Cell Phone Number
Other Ways to Contact	Email	

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?
[ ] Medicaid [ ] Private Insurance [ ] Mother [ ] Father [ ] 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	Country	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?

[ ] No [ ] Yes

If yes, check one: [ ] Affidavit of Parentage [ ] Court Order [ ] 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?
[ ] Medicaid [ ] Private Insurance [ ] Mother [ ] Father [ ] 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	Country	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?
[ ] No [ ] Yes

If yes, check one: [ ] Affidavit of Parentage [ ] Court Order [ ] 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)

[ ] Black/African American
[ ] East/Southeast Asian (Chinese, Japanese, Korean)
[ ] Indigenous (Native People, Native Alaskan)
[ ] Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)
[ ] Native Hawaiian, Pacific Islander
[ ] White (German, Irish, English)
[ ] South Asian (East Indian, Pakistani, Bangladeshi)
[ ] Multi-Racial
[ ] Other

Ethnicity (Please select one)

[ ] Hispanic, Latino, Spanish origin
[ ] Not of Hispanic, Latino, Spanish origin

Tribe Name	Is there a tribal child support order? [ ] Yes [ ] No

Home Address

Street Address (Number and Street) [ ] Current [ ] Last Known

City	State	Zip Code
County	Country	

Mailing Address

Street Address (P.O. Box Number, Number and Street) [ ] Current [ ] Last Known

City	State	Zip Code
County	Country	

Contact Information

Home Phone Number	Cell Phone Number	Email Address

Other Ways to Contact

Social Media Names

Employment Information

Employer Name [ ] Current [ ] 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 [ ] 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