

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD SUPPORT
PO BOX 30744
LANSING MI 48909-8244

STATE OF MICHIGAN

Gretchen Whitmer, GOVERNOR
Elizabeth Hertel, MDHHS DIRECTOR



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
THIRD PARTY LIABILITY DIVISION
PO BOX 30435
LANSING MI 48909

Re: 999999999

This form was transmitted electronically.
This paper copy duplicates the electronic record.

1. Mother's Full Name
Donna De Doe JR

Reference No. 999999999

2. DHS Case Number

Send to:

Michigan Department of Health and Human Services
Third Party Liability Division
PO Box 30435
Lansing, MI 48909

3. Mother's Recipient ID
72037883

4. Court of Action
Isabella County

Notes

5. Child's Full Name
Donald Dave Doe

6. Child's Date of Birth
08-14-2015

7. Child's Recipient ID
1161161960

8. Person Making Request
 Support Specialist
 Friend of the Court
 Prosecutor

Return To:

Isabella County
Isabella County Prosecuting Attorney
200 North Main Street
Mt. Pleasant, MI 48858

For MDHHS Office Use Only

The Medical Services Administration certifies this amount constitutes the reasonable and necessary expenses for the mother as paid by the State of Michigan in connection with her pregnancy and the birth of the child.

Birth Expenses: \$ _____

Date Received
by MDHHS: _____

Reported By: _____

Date Reported: _____

Authority: MCL 722.712

DCH-0491

The Michigan Department of Health and Human Services is an
equal opportunity employer, services and programs provider.