

SAGINAW COUNTY
FRIEND OF THE COURT
Child Support Enforcement Request

Date _____

Docket Number _____

IV-D Case Number _____

Name of Other Party _____

Address of Other Party _____

Other Party's Place of Employment _____ Phone # _____

Statement of Request _____

Your Name _____

Your Address _____ Your Phone # _____

I request child support services under title IV-D of the Social Security Act. I understand that I must cooperate in taking action to ensure that my child support case remains open.

Signature _____

**YOU MUST BE PRESENT AT THE SETTLEMENT CONFERENCE
TO HAVE ANY INPUT AS TO A RESOLUTION REGARDING THIS
MATTER. THANK YOU FOR YOUR COOPERATION.**