

VERIFICATION OF PUBLIC ASSISTANCE

This form is to be used to verify the current public assistance status of the parties on a case prior to any hearings such as:

- a hearing to reduce or terminate support
- the parties are requesting to opt out of Friend of the Court services.

THE FORM MUST BE FILLED OUT BY THE FRIEND OF THE COURT FOR THE PETITIONER AND PRESENTED TO THE JUDGE OR REFEREE AT THE TIME OF YOUR HEARING. YOU MAY EMAIL THE FRIEND OF THE COURT AT friendofthecourt@macombgov.org NO EARLIER THAN **TWO WEEKS** PRIOR TO YOUR HEARING AND IT WILL BE COMPLETED FOR YOU AND RETURNED TO YOU VIA EMAIL.

Date: _____

Docket _____

IVD _____

Public assistance is defined as **Medicaid, food stamps, cash assistance and state subsidized child day care.**

| | Food Assistance | Medicaid | Cash Assistance | State Child Care | Foster Care |
|--------------------|-----------------|----------|-----------------|------------------|-------------|
| Custodial Party | | | | | |
| NonCustodial Party | | | | | |
| Minor Child/ren | | | | | |

COMMENT: _____

Service Fees Owed: \$ _____

Signature: _____

Date: _____