

STATEMENT AND/OR INFORMATION REQUEST
GENESEE COUNTY FRIEND OF THE COURT

YOUR NAME: _____

CASE NUMBER: _____

YOUR S.S. # _____

DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

YOUR PHONE # _____ NAME OF OTHER PARTY: _____

Please indicate below the reason pay records prior to 2003 are needed:

SIGNATURE

DATE

DRIVER LICENSE NO. AND STATE

OFFICE USE ONLY

Form Prepared/Accepted By

Date

Approved by:

Date