

COMPLETE, SIGN & RETURN TO THE FRIEND OF THE COURT WITHIN 21 DAYS
449 GREEN STREET, CARO, MI 48723 Phone: (989) 673-4848 Fax: (989) 673-4898
Email: foc@tuscolacounty.org Website: www.tuscolacounty.org

Name: _____

Current Address: _____
Street City Zip

Phone Number _____
Area Code

Soc. Sec. Number _____ Birth date _____

Employer Name & Address _____

Phone Number _____

YES NO

_____ Is health insurance available through your employer?

_____ If no, do you have private health insurance for yourself?

_____ Do you maintain health insurance through your spouse's employer?

Please indicate the types of coverage your insurance provides.

_____ Medical _____ Dental _____ Hospitalization _____ Optical _____ Prescription drugs

List names of all children for whom you maintain insurance coverage:

Name Date of Birth Soc Sec. No.

Name Date of Birth Soc Sec. No

Name Date of Birth Soc Sec. No
(Use back of form if necessary)

Attach a photocopy (front & back) of any insurance ID cards you possess.

Date _____
Your signature _____