

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>EMPLOYMENT STATUS DISCLOSURE</b>	<b>COURT CASE NO.</b>
Friend of the Court address	FAX number	Telephone no.

The information obtained will be treated as confidential and shall not be used or released except for the purposes of administering, enforcing, and complying with state and federal laws governing child support.

Contact person	Title	Telephone no.	Date
----------------	-------	---------------	------

Employer name and address

  
  

ATTENTION:

Name of individual

---

Social security number

Our records indicate that you are the last known employer for the individual stated above. This information may no longer be accurate. Our office may have previously issued an income withholding order for this individual to your company. If you received an order, please note it is a court order authorized under MCL 552.601 et seq.; MSA 25.164 et seq. and your compliance is required.

**Please contact the Friend of the Court by completing, signing, and returning this form within 7 days of receipt by mail or facsimile at the above address or FAX number. Thank you for your cooperation; your assistance is appreciated.**

The individual is currently employed here and has been since \_\_\_\_\_  
Date

**If the individual is not employed with you, please check the items below which apply.**

The individual was never employed here.

The individual  quit  was fired  was terminated  was laid off on \_\_\_\_\_  
Date

The individual is receiving unemployment from:

Name \_\_\_\_\_

Address \_\_\_\_\_

(     )

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

The individual is receiving benefits from:

Workers compensation

Disability

Name \_\_\_\_\_

Address \_\_\_\_\_

(     )

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

The individual may now be working at:

Name \_\_\_\_\_

Address \_\_\_\_\_

(     )

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

The last known address of the individual is:

Address \_\_\_\_\_

(     )

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

Date	Name of person preparing form (type or print)	Signature of person preparing form
		(     )
		Telephone no.