

LAPEER COUNTY FRIEND OF THE COURT

SUPPORT COMPLAINT FORM

Docket Number: _____ Caseworker: _____

YOUR NAME: _____ Telephone Number: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

Complaint Against: _____ Telephone Number: _____

Address: _____ SSN: _____

_____ Date of Birth: _____

Employer: _____

Employer's Address: _____

Race: _____ Sex: _____ Eyes: _____ Hair: _____ Height: _____ Weight: _____

Driver's License No: _____ Professional License No: _____

Brief summary of complaint: _____

CHILDREN INVOLVED IN THIS CASE

CHILD(REN) Full Name Social Security Number Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

_____ **Date:** _____

YOUR SIGNATURE

//ls/CWFlow/Support Complaints/Complaint/AUG03