

**LAPEER COUNTY FRIEND OF THE COURT  
SUPPORT COMPLAINT FORM**

Docket Number: \_\_\_\_\_ Judge: \_\_\_\_\_

**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.	_____	_____	_____

**I hereby request support services under the Support Enforcement Program of Title IV-D of the Social Security Act.**

\_\_\_\_\_  
**YOUR SIGNATURE**

Date: \_\_\_\_\_