

|   |                                |                 |
|---|--------------------------------|-----------------|
| <b>STATE OF MICHIGAN</b><br><b>13<sup>TH</sup> JUDICIAL CIRCUIT</b><br><b>ANTRIM/GDTRAVERSE /LEELANAU COUNTY</b><br>(Please circle county where case filed) | <b>CHILD CARE VERIFICATION</b> | <b>CASE NO.</b> |
|---|--------------------------------|-----------------|

FOC Address: Court Telephone No.  
 328 Washington Street, Suite, 200, Traverse City, MI 49684 (231)922-4660

**PARENT INFORMATION :** Complete the top portion of this form and have your child care provider complete the remainder.  
**It is your responsibility to return the completed and signed form to the Friend of the Court.**

Please mark who is submitting this form:

|                                    |                                    |
|------------------------------------|------------------------------------|
| Plaintiff <input type="checkbox"/> | Defendant <input type="checkbox"/> |
|------------------------------------|------------------------------------|

**CHILD CARE PROVIDER INFORMATION** Please attach a schedule of your most recent child care rates  
**The Child Care Provider must complete the remainder of this form**

|                  |       |         |                             |  |
|------------------|-------|---------|-----------------------------|--|
| Name of provider |       | Address |                             |  |
| City             | State | Zip     | Area code and telephone no. |  |

**SCHOOL YEAR RATES**

| Name and Age of EACH Child in the case receiving care | Total # of weeks at the school year rate | Daily, Weekly, or Hourly Rate | Average Hrs/Wk | Weekly cost per child |
|---|--|-------------------------------|----------------|-----------------------|
| 1.  |  |                               |                |                       |
| 2.  |  |                               |                |                       |
| 3.  |  |                               |                |                       |

**TOTAL WEEKLY SCHOOL YEAR COST (FOR ALL CHILDREN):** \$ \_\_\_\_\_ each week for \_\_\_\_\_ weeks of care

**SUMMER SEASON RATES**

| Name and Age of EACH Child | Total # of weeks at the summer season rate | Daily, Weekly, or Hourly Rate | Average Hrs/Wk | Weekly cost per child |
|----------------------------|--|-------------------------------|----------------|-----------------------|
| 1.                         |  |                               |                |                       |
| 2.                         |  |                               |                |                       |
| 3.                         |  |                               |                |                       |

**TOTAL WEEKLY SUMMER SEASON COST (FOR ALL CHILDREN):** \$ \_\_\_\_\_ each week for \_\_\_\_\_ weeks of care

|  |  |  |
|--|--|--|
| Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Does a Federal, State or Tribal agency contribute all or a portion of these child care services? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |  |
| If yes, please provide the parent's out-of-pocket weekly expense: \$ _____ \$ _____<br>School year      Summer Session   |  |  |

**The above information is provided to enable the Friend of the Court to accurately report child care costs in making a child support recommendation. I certify that the above information is true, accurate, and complete.**

|  |      |                   |
|--|------|-------------------|
| Signature and title of provider                  | Date | Daytime Phone no. |
| Signature of parent incurring the above expenses | Date | Daytime Phone no. |

**INSTRUCTIONS FOR**  
**REQUESTING CHILD CARE REIMBURSEMENT**

The Friend of the Court will calculate and recommend child care contributions in all orders upon receipt of verification of these costs at the time of an initial interview or a review. You must submit the completed "Child Care Verification" form before the Friend of the Court will look at this matter.

You must provide the total child care expenses for the entire year.

Child care costs are determined on an annual basis. Once the amount has been determined there will not be an adjustment unless the change will result in a modification of \$25 or more per month. You should always be prepared to submit receipts of actual expenses, upon request of the Friend of the Court.

In the event that actual child care costs are *significantly less* than provided for in the order, the Friend of the Court *may* adjust the amount retroactively upon verification of actual expenses.