

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

Docket Number: _____ Judge: _____

Your Name: _____ Telephone Number: _____

Address: _____ SSN: XXX – XX – ____ _

_____ Date of Birth: _____

Complaint Against: _____ Telephone Number: _____

Address: _____ SSN: XXX – XX – ____ _

_____ 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.	_____	XXX – XX – ____ _	_____
2.	_____	XXX – XX – ____ _	_____
3.	_____	XXX – XX – ____ _	_____
4.	_____	XXX – XX – ____ _	_____

YOUR SIGNATURE **Date:** _____