

LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL COURT	VERIFIED STATEMENT	CASE NO. and JUDGE
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Tribal Court address

Telephone no.

Information about you:							
1. Last name		First name		Middle name		2. Any other names by which you have been known	
3. Date of birth			4. Social security number			5. Driver's license number and state	
6. Mailing address and residence address (if different)							
7. E-mail address							
8. Eye color		9. Hair color		10. Height		11. Weight	
12. Race		13. Gender		14. Scars, tattoos, etc.			
15. Mobile telephone no.		16. Home telephone no.			17. Work telephone no.		18. Occupation
19. Business/Employer's name and address						20. Gross weekly income	
21. Did you apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
22. Any other country(ies) of citizenship:			23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

Information about the other parent in this case:							
24. Last name		First name		Middle name		25. Any other names by which parent has been known	
26. Date of birth			27. Social security number			28. Driver's license number and state	
29. Mailing address and residence address (if different)							
30. E-mail address							
31. Eye color		32. Hair color		33. Height		34. Weight	
35. Race		36. Gender		37. Scars, tattoos, etc.			
38. Mobile telephone no.		39. Home telephone no.			40. Work telephone no.		41. Occupation
42. Business/Employer's name and address						43. Gross weekly income	
44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							
45. Any other country(ies) of citizenship:			46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

Information about the minor child(ren):					
47. Name and sex of minor child in case	M/F	HS Graduation Yr.	D.O.B.	Soc. sec. no.	Residential address
48. Name and sex of other minor child of either party	M/F	HS Grad. Yr.	D.O.B.	Residential address	
49. Health care coverage available for each minor child					
a. Name of minor child	b. Name of policy holder		c. Name of insurance Co./HMO		d. Policy/Certificate/Contract/Group No.
50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.					

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

You are required to notify Tribal Court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at <https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf>. Or you may request a copy from the Tribal Court.