

Work Search Report

If you cannot pay your full support payment, you must report a **minimum of 20 places** where you have applied to work. Reporting does not stop your child support charge. If you are medically unable to work, you must provide a current doctor's statement.

Name: _____ Date of Birth: _____

Case # (all): _____

Social Security Number: _____ Phone Number: _____ Is this new?

Address: _____

_____ Is this new?

Email Address: _____ Is this new?

Tell us how you are supporting yourself (list monthly amounts). **If you do not, we may take enforcement action.**

Unemployment Benefits \$ _____

Worker's Compensation \$ _____

Insurance Payments \$ _____

Social Security Benefits \$ _____

VA Benefits \$ _____

Retirement Benefits \$ _____

Self-Employment/1099 \$ _____

Student Loans \$ _____

Cash Assistance \$ _____

Food Assistance \$ _____

Friends/Relatives \$ _____

Other/odd jobs \$ _____

***If you have a source of income and money is not withheld you are responsible to pay on your own. Even if you can't pay the full amount, pay as much as you can.**

Any other information regarding your inability to pay: _____

If you live in Kent County, would you be interested in a Friend of the Court employment assistance program?

Yes, I would be interested

No, not at this time

You must include the potential employer's name, address and phone number.

Potential Employer's Name, Address & Phone Number (include area code)	Contact Person	Did you apply online?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Signature

Date

What month is this report intended for? _____

Please send me more work search forms.

Forms are also available online at <http://www.accesskent.com/Courts/FOC/pdfs/WorkSearchReport.pdf>

Please return to Kent County Friend of the Court, PO Box 351, Grand Rapids, MI 49501-0351

Fax: 616-632-6882 or Email: foc.mail@kentcountymi.gov