Jackson County Friend of the Court
1697 Lansing Avenue
Jackson, Michigan 49202
(517) 788-4470

AFFIDAVIT

Date: _____

I, _____
(Your Name)

_____

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_____
Signature

Subscribed and sworn to before me this date

_____
Notary Public, Jackson County, Michigan
My Commission expires: _____

General Information:
File Number: _____
Other Parties Name:_____

Your Name: _____
Address: _____
Phone No: _____(home) _____(work)

Updated 12/2007