MDHHS-5728, REQUEST TO PROTECT INFORMATION

Michigan Department of Health and Human Services (MDHHS)
Office of Child Support
(Revised 3-24)

Name (First, Middle, Last)		Date of Birth
Address Line 1	Address Line 2	
City	State	Zip Code
Docket Number	IV-D Case Number	

I fear for the safety of myself and/or my child(ren) due to past or possible future domestic violence or child abuse. I ask the child support program not to share the following information with other people on my case(s):

- Social Security number
- Address(es)
- Phone number(s)
- Driver's license number

I ask the child support program to send my mail to the alternate address below.

Address Line 1	Address Line 2	
City	State	Zip Code

By signing this document, I promise all information on this form is true and correct.

Signature	Date

After completing this form, you may fax it to the Office of Child Support Central Operations at 517-335-3030, or deliver it to the local Prosecuting Attorney office or Friend of the Court office that is working on your case.

This document contains confidential information, is meant for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you must destroy this document.

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