

**FIA-1284**

<b>MICROFICHE REQUEST</b>		
Michigan Department of Social Services		
<b>NOTE: Only one case per request.</b>		
Requestor's Name		Date
Location		Report Number
Unit		<input type="checkbox"/> Print Required <input type="checkbox"/> Information Only
Telephone Number		Periods Needed
Case Number	Provider Number	
Case Name		
<b>INFORMATION ONLY</b>		
Information Required (e.g. Warrant Number, Amount, etc.)		
DSS-1284 (3-83)		

**MICROFICHE REQUEST**

A separate FIA-1284 must be completed for each FIA case number for which payment information is required. Please print or complete items by typewriter.

<b>Item</b>	<b>Instruction</b>
Date	Enter the date the form is completed.
Requestor's Name	Enter the name of the person to whom FIP payment information is to be sent.
Location/Unit	Enter the complete address of the Friend of the Court Office.
Telephone No.	Enter telephone number of the requestor.
Case Number	Enter the FIP case number.
Case Name	Enter the FIP case (grantee) name.
Provider No.	Leave Blank.

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Report Number	Leave Blank.
Type of Request	Enter a check mark in the box next to "Information Only" to obtain a notarized statement of annual amounts of ADC paid. NOTE: If the "Print Required" box is checked, a Case Payment History listing dates and amounts of FIA payments is provided. Payments listed include amounts issued under various assistance programs and are not limited to ADC payments. Therefore, those records should not be used in determining unreimbursed Public Assistance. If a Case Payment History is needed for some other reason, contact your support specialist unit.
Periods Needed	Specify the year(s) for which FIP payment information is required.
Information Required	<p>Specify the FIP grantee social security number. The social security number enables Financial Services to search payment records in the event that the FIA case number has changed or has been deleted from the FIA Client Information System (CIS).</p> <p>Send completed FIA-1284 to:</p> <p style="padding-left: 40px;">Payment Document Control Family Independence Agency 7109 W. Saginaw Hwy., 1st Floor Lansing, MI 48913</p> <p>Allow three weeks for a response. If a response is not received within that time frame, Payment Document Control may be contacted at 517/335-3645 to inquire on the status of a request.</p>