

Petitioner,

vs.

Respondent.

NO. _____

PROOF OF SERVICE OF
NOTICE OF MEDICAL ENFORCEMENT

The undersigned certifies that:

1. On the ___ day of _____, _____, an obligation to provide medical support was established and filed with the Clerk of Court.

2. On the ___ day of _____, _____, the National Medical Support Notice and the Employer Medical Support Information form were served upon the following employer or income provider by depositing a copy thereof in the U.S. mail, postage prepaid, in an envelope addressed to:

Child Support Recovery Unit

Telephone: _____

Date: _____

Sent copies to: _____

