

**AFFIDAVIT FOR WITHHOLDING ANY
INFORMATION FROM DISCLOSURE
TO THE GENERAL PUBLIC**
State of Michigan
Family Independence Agency

Case Name					
Case Number			Grantee Client ID		Date
County	District	Section	Unit	Specialist	Other ID (as required)

INSTRUCTIONS:

This statement will authorize the local office to withhold the client's name and amount of assistance from disclosure to a member of the general public due to Domestic Violence.

I request that the Family Independence Agency not disclose any information about my case to members of the general public. I have been the victim of physical and/or emotional abuse at the hands of a spouse, former spouse, partner or other individual. I fear that disclosure of any information about me will lead to a recurrence of such abuse.

Signature of Client

Date

Subscribed and sworn to before me this _____ day of _____, _____
Year

Signature of Notary

Notary Public in and for the county of _____, Michigan

My commission expires _____

<p>AUTHORITY: US District Court Order. COMPLETION: Voluntary. PENALTY: Unable to withhold information from general public.</p>	<p>The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.</p>
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