

Doc ID: 053EN3430026391
HENNEPIN COUNTY CHILD SUPPORT
PO BOX 1234
MINNEAPOLIS MN 55440-1234

TELEPHONE: 612-348-3600



CORPORATE MANAGEMENT GROUP INC
C/O CMG
12000 WASHINGTON ST STE 350
THORNTON CO 80241-3136

04/19/2018

RE: Briaan D. Welch
Participant: 0015451424
SSN: 426-67-7182
DOB: 10/05/1989

Locate Employment Verification Request

Dear Payor of Funds:

We have received information that Briaan D. Welch is/was employed by your firm. The enclosed document contains requests for information that are considered necessary or required pursuant to Minnesota Statutes, sections 256.978 and 518A.41 and are being requested by this agency to perform its official duties.

Accordingly, please complete the attached Employment Verification Response form about Briaan D. Welch's employment, health and dental insurance. Please respond within thirty (30) days.

Thank you for your time and cooperation.

Soua Xiong
Child Support Officer
612-596-0528
TDD: 612-348-3332
Fax: 612-288-2989

enc:

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Employment Verification Response

Please **VERIFY** or **UPDATE** per your records
 Check and complete all appropriate items

1. PERSONAL INFORMATION	
Social Security No.: 426-67-7182	Date of Birth: 10/05/1989
Home Address:	
Personal Phone:	Personal Cell:
Personal Email:	
Bus. Phone: ext.	Bus. Cell:
Bus. Email:	
Job Title	
Union Name/Location:	
Telephone:	

EMPLOYMENT VERIFICATION RESPONSE

Briaan D. Welch

04/19/2018

4. START/STOP EMPLOYMENT INFORMATION

Date Started (MM/DD/YYYY): / /

Date of Termination (MM/DD/YYYY): / /

Reason for Leaving:

New Employer Name and Address:

- Currently Employed or Receiving Funds from your Company
 No Longer Employed or Receiving Funds from your Company
 Leave of Absence - Reason:

Expected Date of Return:

5. WORKER'S COMPENSATION INFORMATION

Worker's Compensation Issued:

Carrier's Name and Address:

Company Representative:

Title:

Telephone:

Expected Date of return to employment:

6. ADDITIONAL REMARKS

COMPLETED BY:

DATE:

TITLE:

PHONE:

FAX:

FEDERAL EMPLOYER IDENTIFICATION NUMBER: