

STATE OF MICHIGAN 36 TH JUDICIAL CIRCUIT VAN BUREN COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NUMBER
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Friend of the Court Address: 219 Paw Paw Street, Paw Paw, MI 49079 Telephone: (269) 657-7734 Fax: (269) 657-8282

Plaintiff Name	vs.	Defendant Name
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Complete this form and sign on page 4.

What is the number of overnights (on average) that the children spend with the Plaintiff? _____ Defendant? _____

If different children spend a different number of overnights, please attach a sheet detailing for each child how many overnights are spent with each parent annually.

GENERAL INFORMATION ABOUT YOURSELF

1. Your full name		2. Date of birth		3. Place of birth: City and State	
4a. Residential address			City	State	Zip
4b. Mailing address (if different)			City	State	Zip
7. Social security number		8. Driver's license number or State ID		9. Scars, tattoos, etc.	
10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		11. Eye color	12. Hair color	13. Height	14. Weight
15. Race		16. Your father's full name		17. Your mother's full maiden name	
10a. If female, maiden name					
18. Names of all your dependent children		Birthdate	Gender	Social security number	Address
a.					
City and State of birth:				<input type="checkbox"/> Natural <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted	
b.					
City and State of birth:				<input type="checkbox"/> Natural <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted	
c.					
City and State of birth:				<input type="checkbox"/> Natural <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted	
d.					
City and State of birth:				<input type="checkbox"/> Natural <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted	
e.					
City and State of birth:				<input type="checkbox"/> Natural <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted	
19. Are you pregnant? If yes, please complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No				a. When is the child due?	
b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No				20. Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

21. Your Employer's name and phone number			22. Your occupation		
23. Employer's address			City	State	Zip
24. Date hired					
25. Gross earnings per pay period (earnings before taxes) \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly			26. Tax filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household		
27. Hourly rate (including shift premium and COLA)		28. Total regular hours worked per pay period		29. Average overtime hours for past 12 months	
30. Second job <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Employer's name and phone number			
32. Employer's address			City	State	Zip
33. Date hired					
34. Hourly rate (including shift premium and COLA)		35. Total regular hours worked per pay period		36. Average overtime hours for past 12 months	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

37. If unemployed and not receiving unemployment or worker's comp benefits, or working part-time only, provide the following:

Name of last full-time employer	Address of last full-time employer
Position held at last place of full-time employment	Last day employed full-time
Length of time employed in last full-time position	Reason for leaving last full-time employment

Gross earnings per pay period (earnings before taxes)
 \$ _____ weekly biweekly bimonthly monthly

38. List MONTHLY income from all other sources, such as:

Commissions _____	Unemp. benefits _____	Nat'l Guard & Res pay _____
Bonuses _____	Strike pay _____	Armed Services _____
Profit sharing _____	SUB pay _____	Allowances for rent _____
Interest _____	Sick benefits _____	Rental income _____
Dividends _____	Worker's Comp _____	Spousal Support/Alimony _____
Annuities _____	Soc Sec benefits _____	State Disability Asst _____
Pensions/Longevity _____	VA benefits _____	FIP _____
Deferred Comp/IRA _____	Disability Ins _____	Supp Security Income SSI _____
Trust funds _____	GE benefits _____	Other _____

39. Do you provide the sole support for stepchildren living in your home? Yes No
 If yes, how many stepchildren do you support? _____

Does the mother of the children earn any income? Yes No Is she unable to earn income? Yes No
 If she is unable to earn income, please explain: _____

Does the father of the children earn any income? Yes No Is he unable to earn income? Yes No
 If he is unable to earn income, please explain: _____

40. Do any of the children listed on item 18 receive payments from the Social Security Admin? Yes No

Child's Name	Amount (monthly)	Type of benefit (check one)		Source of dependent benefit (Mother, Father, Stepparent)
		SSI	Dependent benefit	

41. Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, attach a copy of your three most recent business tax returns and/or corporate returns.

42. Do you have any medical conditions/restrictions that affect your ability to work? Yes No
 If yes, please explain medical condition/restriction: _____

43. What is your educational background? (Check one)

- Less than High School High School Graduate Trade School Graduate
 Associates Degree Bachelor's Degree Graduate Degree

44. Medical insurance company name, address, phone number	Policy number	Beginning date, if known
45. Dental insurance company name, address, phone number	Policy number	Beginning date, if known
46. Optical insurance name, address, phone number	Policy number	Beginning date, if known

47. What dependent coverage is available to you without cost? Medical Dental Optical

48. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period)
 Medical _____ per _____ Dental _____ per _____ Optical _____ per _____

49. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Check one:	Medical	Dental	Optical

YOUR CHILDCARE INFORMATION

50. Do you have childcare expenses for the minor children in this domestic relations case during any time of the year? Yes No

If yes, complete the following information:

Name of childcare provider	Names of children receiving care
Number of weeks provided during the last calendar year	Estimated number of weeks provided in this calendar year
Current weekly childcare cost	Amount of childcare credit received on last year's federal IRS tax return

51. Check the reason(s) which explain why you need childcare and estimate the number of hours childcare is received for each.

Reason:

- Work related
 Looking for employment
 Enrolled in educational program to improve employment opportunities

Estimated number of hours per week:

52. If your reason for childcare is education related, provide the following information:

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date

YOUR ADDITIONAL INFORMATION

53. List any additional information that would be useful to the court in making a support recommendation:

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

54. Full name	55. Date of birth	56. Place of birth; City and State			
57a. Residential address	City	State	Zip	58. Home telephone	
57b. Mailing address (if different)	City	State	Zip	59. Cell telephone	
60. Social security number	61. Driver's license number or State ID	62. Scars, tattoos, etc.			
63. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	64. Eye Color	65. Hair color	66. Height	67. Weight	68. Race
69. Father's full name		70. Mother's full name			

71. List all his dependent children:

Name	Birthdate	Gender	Soc. Sec. No.	Address	Natural/Step/Adopted

72. Is this party pregnant? If yes, please complete a. and b.

Yes No

b. Is the other party in this case the biological parent of the expected child?

Yes No

74. Employer's name and phone number

76. Employer's address

City

State

Zip

77. Date hired

78. Gross earnings per pay period (earnings before taxes)

\$ _____ weekly biweekly bimonthly monthly

79. Average hours worked per pay period

If unemployed, please provide the following:

Name and address of last full-time employer	Reason for leaving	Gross earnings per pay period

80. Medical insurance company name, address, phone number

Policy number

Beginning date, if known

81. Dental insurance company name, address, phone number	Policy number	Beginning date, if known
82. Optical insurance name, address, phone number	Policy number	Beginning date, if known
83. What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
84. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period)		
<input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		

85. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Check one:	Medical	Dental	Optical

If you want Friend of the Court services, you must check the box below.

I request child support services under the child support enforcement program of Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge and belief.

Date

Signature

REMINDER LIST

- Have you signed this questionnaire?
- Have you made a copy of this form for your own records?
- Return the original questionnaire, together with any attachments, to the Friend of the Court Office.
- Attach copies of you four (4) most recent paycheck stubs, or a statement from you employer(s) of wages and year-to-date earnings. Send copies only; originals will not be returned to you.
- Attach a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s. If self-employed, also attach a copy of your three (3) most recent business tax returns and/or corporation returns. Send copies only; originals will not be returned to you.
- Have the childcare provider complete the childcare verification form if you are asking for childcare expenses.
- Attach any additional information that may be useful to the Friend of the Court in making a support recommendation.
- If there are any changes in the information you have provided, you must notify the Friend of the Court in writing of those changes.

THANK YOU.