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| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1) | CASE NO. |
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| | |
|-----------------------------|---------------|
| Friend of the court address | Telephone no. |
| Plaintiff | v |
| | Defendant |

Complete this form and sign on page 4.

YOUR GENERAL INFORMATION

| | | | | | |
|--|--|---|------------------------------------|--|-----------------------------|
| 1. Your full name | | 2. Date of birth | | 3. Place of birth: city and state | |
| 4. Address | | City | State | Zip | 5. Home telephone |
| | | | | 6. Work telephone | |
| 7. Social security number | | 8. Driver's license no. | | 9. Professional license, type and no. | |
| | | | | 10. Cell phone | |
| | | | | 11. E-mail address | |
| 12. Sex <input type="checkbox"/> M <input type="checkbox"/> F | | 13. Eye color | | 14. Hair color | |
| | | | | 15. Height | |
| | | | | 16. Weight | |
| | | | | 17. Race | |
| | | | | 18. Scars, tattoos, etc. | |
| 19. Your father's full name | | | 20. Your mother's full maiden name | | |
| 21. Children in common with other parent in this case | | Birthdate | Gender | SSN | Anticipated graduation date |
| | | | | No. of overnights you have w/child annually | |
| | | | | | |
| | | | | | |
| 22. Names of other biological/adopted minor children you support | | Birthdate | Address | | |
| | | | | | |
| | | | | | |
| 23. Are you pregnant? a. When is the child due? | | b. Is the other party in this case the biological parent of the expected child? | | 24. Are you presently married? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

| | | | | | |
|---|--|--|---|---|---|
| 25. Your occupation | | 26. Your employer (if unemployed, name of last employer) | | | |
| 27. Employer's address | | City | State | Zip | 28. Date hired |
| | | | | | |
| 29. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | | 30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household | | |
| 31. Hourly pay rate (including shift premium and COLA) | | 32. Total regular hours worked per pay period | | 33. Average overtime hours for past 12 months | |
| | | | | | |
| 34. Second job | | 35. Employer | | | |
| 36. Employer's address | | City | State | Zip | 37. Date hired |
| | | | | | |
| 38. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | | 39. Hourly pay rate | | 40. Average hours worked per pay period since hire date |
| | | | | | |
| 41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information: | | | | | |
| 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) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly | | | | | |

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

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

| | | |
|--------------------------|----------------------------|------------------------------------|
| Commissions _____ | Unemp. Benefits _____ | Nat'l Guard & Res. Drill Pay _____ |
| Bonuses _____ | Strike Pay _____ | Armed Services _____ |
| Profit Sharing _____ | SUB Pay _____ | Allowance for Rent _____ |
| Interest _____ | Sick Benefits _____ | Rental Income _____ |
| Dividends _____ | Workers' Comp. _____ | Spousal Support/Alimony _____ |
| Annuities _____ | Soc. Sec. Benefits _____ | State Disability Assistance _____ |
| Pensions/Longevity _____ | VA Benefits _____ | F I P _____ |
| Deferred Comp./IRA _____ | Disability Insurance _____ | Supp. Security Income SSI _____ |
| Trust Funds _____ | GI Benefits _____ | Other _____ |

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
 If so, complete a. b. and c. No Yes, as payer Yes, as recipient

| | | |
|--|---------------------------|----------------------------|
| a. Amount of order (do not include arrearages) | b. Type of order/Case no. | c. City, county, and state |
|--|---------------------------|----------------------------|

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? Yes No

| Child's Name | Amount (monthly) | Type of benefit (check one) | | Source of dependent benefit (mother, father, stepparent) |
|--------------|------------------|-----------------------------|-------------------|--|
| | | SSI | Dependent benefit | |
| | | | | |
| | | | | |

45. 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, also attach a copy of your three most recent business tax returns and/or corporation returns.

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

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

| | | |
|--|---|--|
| <input type="checkbox"/> less than high school | <input type="checkbox"/> High school graduate | <input type="checkbox"/> Trade school graduate |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate degree |

48. Medical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

49. Dental insurance company name, address, telephone no. Policy/Group number Beginning date, if known

50. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

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

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

53. Individuals currently covered by your insurance

| Name | Birthdate | Relationship | Medical () | Dental () | Optical () |
|-------|-----------|--------------|-------------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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YOUR CHILD-CARE INFORMATION

54. Do you have child-care 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 child-care provider | Names of children receiving child care |
| Number of weeks provided during last calendar year | Estimated number of weeks of child care provided in this calendar year |
| Current weekly child-care cost. | Amount of child-care credit received on last year's federal I.R.S. tax return. |
| Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain. | |

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

| <u>Reason</u> | <u>Estimated number of hours per week</u> |
|--|---|
| <input type="checkbox"/> Work related | _____ |
| <input type="checkbox"/> Looking for employment | _____ |
| <input type="checkbox"/> Enrolled in educational program to improve employment opportunities | _____ |

56. If your reason for child care is education related, provide the following information.

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

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

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

| | | | | | |
|--|---------------|-----------------------------|-------------------------------|---|----------|
| 58. Full name | | 59. Date of birth | | 60. Place of birth: city and state | |
| 61. Address | | | City | State | Zip |
| 62. Home telephone | | 63. Work telephone | | | |
| 64. Social security number | | 65. Driver's license number | | 66. Professional license, type, and no. | |
| 67. Cell phone | | 68. E-mail address | | | |
| 69. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 70. Eye color | 71. Hair color | 72. Height | 73. Weight | 74. Race |
| 75. Scars, tattoos, etc. | | | | | |
| 76. Father's full name | | | 77. Mother's full maiden name | | |
| 78. Names of other biological/adopted minor children he/she supports | | Birthdate | Address | | |
| | | | | | |
| | | | | | |

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|--|--|---------------------------|------|--|--|---|--|
| 79. Is this party pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | a. When is the child due? | | b. Is the party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 80. Is this party married? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 81. Occupation | | | | 82. Employer (if unemployed, name of last employer) | | | |
| 83. Employer's address | | | City | State | Zip | 84. Date hired | |
| 85. Gross earnings per pay period (earnings before taxes) | | | | | 86. Average overtime hours for past 12 months. | | |

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INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)

| | | |
|--|---------------------|--------------------------|
| 87. Medical insurance company name, address, telephone no. | Policy/Group number | Beginning date, if known |
| 88. Dental insurance company name, address, telephone no. | Policy/Group number | Beginning date, if known |
| 89. Optical insurance company name, address, telephone no. | Policy/Group number | Beginning date, if known |

90. What dependent coverage is available to the other parent without cost?
 Medical Dental Optical

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

92. Individuals currently covered by other parent's insurance

| Name | Birthdate | Relationship | Medical () | Dental () | Optical () |
|------|-----------|--------------|-------------|------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If you want friend of the court services, you must check the box below.

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

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

Date

Signature

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached 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 most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.