

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY			FRIEND OF THE COURT CASE QUESTIONNAIRE PAGE 1			CASE NO.		
FRIEND OF THE COURT P.O. BOX 436012 PONTIAC MI 48343						TELEPHONE NUMBER (248)858-0424		
Plaintiff name						Defendant name		
1. Your full name				2. Date of birth		3. Place of birth: city & state		
4. Mailing address and residence address (if different)								
5. Sex M F		6. Eye color	7. Hair color	8. Height	9. Weight	10. Race	11. Scars, tattoos, etc.	
12. Home telephone number				13. Father's full name				
14. Work telephone number				15. Mother's full maiden name				
16. Names of all your dependant children		Birth date	Social Security No.		Address		Natural/step/adopted	
17. Are you or the other parent in this case pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete sections A and B below.								
A. When is the child due?					B. Are the parties in this case the biological parents of the expected child?			
INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (IF KNOWN)								
18. Full name				19. Date of birth		20. Place of birth: city & state		
21. Mailing address and residence address (if different)								
22. Social Security No.				23. Driver's License No.				
24. Home telephone				25. Work telephone				
26. Sex M F		27. Eye color	28. Hair color	29. Height	30. Weight	31. Race	32. Scars, tattoos, etc.	
33. Father's full name				34. Mother's full maiden name				
35. Names of all his/her dependant children		Birth date	Social Security No.		Address		Natural/step/adopted	
Is the other parent in this case married? <input type="checkbox"/> Yes <input type="checkbox"/> No								

INCOME INFORMATION

CHECK YOUR INCOME TAX FILING STATUS:
 MARRIED SINGLE HEAD OF HOUSEHOLD
 NO. OF DEPENDANTS CLAIMED: _____

36. Your occupation _____ 37. Your employer (if unemployed, name of last employer) _____

38. Employer's address _____ City _____ State _____ Zip _____ 39. Date hired _____

40. Gross earnings per pay period (earnings before taxes)
 \$ _____ Weekly Bi-weekly Bi-monthly Monthly 41. Social Security No. _____

42. Hourly pay rate \$ _____ (including shift premium & COLA) 43. Total regular hours worked per pay period _____ 44. Average overtime hours for past 12 months _____

45. Second job _____ 46. Employer _____

47. Employer's address _____ City _____ State _____ Zip _____ 48. Date hired _____

49. Gross earnings per pay period (earnings before taxes)
 \$ _____ Weekly Bi-weekly Bi-monthly Monthly

50. Hourly pay rate \$ _____ (including shift premium & COLA) 51. Total regular hours worked per pay period _____

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

Commissions _____	Social Security Benefits _____
Bonuses _____	Supplemental Security Income (SSI) _____
Profit Sharing _____	V.A. Benefits _____
Interest _____	Disability Insurance _____
Dividends _____	G.I. Benefits _____
Annuities _____	National Guard & Reserve Drill Pay _____
Pensions/Longevity _____	Armed Services _____
Deferred Compensation/IRA _____	Allowance for Rent _____
Trust Funds _____	Rental Income _____
Unemployment Benefits _____	Spousal Support/Alimony _____
Strike Pay _____	General Assistance _____
SUB Pay _____	AFDC _____
Sick Benefits _____	Other: _____
Worker's Compensation _____	Other: _____

53. Do you have any other alimony or child support orders? Yes, as payor Yes, as recipient No
 If yes, complete sections 53 A, B & C below

A. Amount of order \$ _____ (do not include arrearages)	B. Type of order/case no. _____	C. City, County & State _____
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54. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents?
 Yes No
 If yes, how many stepchildren do you support? _____
 If yes, state the reason the step children's mother is unable to provide support: _____
 If yes, state the reason the step children's father is unable to provide support: _____

55. Do any of the children listed on item 16 receive payments from the Social Security Administration? Yes No

Child's name	Amount (Monthly)	Type of benefit SSI	Dependent Benefit	Source of dependent benefit (Mother, father, stepparent)

56. ATTACH YOUR 4 MOST RECENT PAYCHECKS STUBS, ON 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 3 MOST RECENT BUSINESS TAX RETURNS AND/OR CORPORATION RETURNS.

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INCOME INFORMATION OF OTHER PARENT IN THIS CASE (IF KNOWN)					
56. Occupation	57. Employer (if unemployed, name of last employer)				
58. Employer's address City State Zip	59. Hourly pay rate \$ (including shift premium & COLA)				
60. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly	61. Average overtime hours for past 12 months				
HEALTH CARE INFORMATION					
62. Medical insurance company name	Policy no.	Beginning date, if known			
63. Dental insurance company name	Policy no.	Beginning date, if known			
64. Optical insurance company name	Policy no.	Beginning date, if known			
65. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period):					
Medical \$	Dental \$	Optical \$			
66. Individuals currently covered by your insurance:					
Name	Birth date	Relationship	Medical	Dental	Optical
CHILD CARE INFORMATION					
67. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:					
Name of child care provider			Names of children receiving child care		
No. of weeks provided during last calendar year			Estimated no. 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 IRS return		
68. Check the reason(s) which explain why you need childcare and estimate the number of hours childcare is received for each.					
Reason			Estimated number of hours per week		
<input type="checkbox"/> Work related <input type="checkbox"/> Looking for Employment <input type="checkbox"/> Enrolled in educational program to improve employment opportunities			_____ _____ _____		
69. If your reason for child care is educational related, provide the following information:					
Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date		

INFORMATION FOR LESS THAN FULL-TIME EMPLOYMENT

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

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

Gross earnings per pay period at last place of full-time employment (earnings before taxes)
 \$ Weekly Bi-weekly Bi-monthly Monthly

71. Do you have any medical conditions/restrictions that affect your ability to work? Yes No

If yes, please explain medical conditions/restrictions:

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

<input type="checkbox"/> Less than high school	<input type="checkbox"/> Trade school graduate	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Graduate degree

I hereby request child support services under the child support enforcement program of title IV-D of the Social Security Act. I understand that any information provided to me or on my behalf is to be used only for the purpose of establishing paternity or securing child support.

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 attached your 4 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? If self-employed, also attach a copy of your 3 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.

If you have not supplied all of the requested information, state the reasons for the omissions.

Retain a copy of this form for your records. Return the original to the Friend of the Court office.

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**FRIEND OF THE COURT
P.O. BOX 436012
PONTIAC MI 48343
(248) 858-0424**

PARENT INFORMATION

COMPLETE THE TOP PORTION OF THIS FORM AND HAVE YOUR CHILDCARE PROVIDER COMPLETE THE REMAINDER.
IT IS YOUR RESPONSIBILITY TO RETURN THE COMPLETED FORM TO THE FRIEND OF THE COURT.

Name				
Name(s) and age(s) of child(ren) involved in this case:				
Are you receiving financial assistance for childcare from any federal or state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the agency and the amount you are receiving.				

CHILDCARE PROVIDER INFORMATION

Please attach a schedule of your most recent child care rates.
The Child Care Provider(s) must complete the remainder of this form for the above named child(ren)

Name of provider			Address		
City	State	Zip	County	Area code & Telephone no.	
Name & age of child		School year rates	Average number of hours/week	Hourly rate	Total weekly rate
Name of provider			Address		
City	State	Zip	County	Area code & Telephone no.	
Name & age of child		School year rates	Average number of hours/week	Hourly rate	Total weekly rate

Do you require payment services even when children are absent to guarantee a position in your center?
 Yes No If yes, please explain:

Does a Federal or State agency contribute all or a portion of these child care services?
 Yes No If yes, please provide agency name and amount contributed.

The above information is provided to enable the Friend of the Court to accurately report childcare costs in making a child support recommendation. **I certify that the above information is true, accurate and complete.**

Date _____	Signature and title of provider _____
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OVERNIGHT PARENTING TIME VERIFICATION

As of October 1, 2008, the Michigan Child Support Formula factors in the number of annual overnights each parent exercises when determining child support.

In order to calculate the support order, the Friend of the Court requires each parent to complete the following section:

STATE THE NUMBER OF OVERNIGHTS PER YEAR THE CHILD(REN) SPENDS WITH:

Mother _____

Father _____

I certify that the above information is true, accurate, and complete.

Date: _____

Signature

Printed Name

Case No. _____

Please note that failure to respond to this request or agree on the amounts may result in the Friend of the Court making a determination as to the number of annual overnights the child(ren) spend with each parent.

If both parties fail to respond to this notice and your current order allows for **reasonable and/or liberal parenting time**, the Friend of the Court will assume that the non-custodial parent exercises **75 overnights annually**.

If both parties fail to respond to this notice and your current order allows for a **specific parenting time schedule**, the Friend of the Court will determine the amount of overnights the non-custodial parent is awarded under that order and use it for determining child support.

If only one party responds to this notice, the Friend of the Court will use the numbers he or she provided for determining support.

If the parties do not to agree to the number of overnights, the Friend of the Court will use the actual court order for determining support in the absence of credible evidence otherwise.