

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. Names of children in common with other parent in this case Birthdate Gender Soc. sec. no. Address No. of overnights you have w/ child annually					
22. Names of all additional 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 _____	Worker's 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 number Beginning date, if known

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

50. Optical insurance company name, address, telephone no. Policy 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? <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
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	
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
YOUR ADDITIONAL INFORMATION		
57. 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)		
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	70. Eye color	71. Hair color
<input type="checkbox"/> M <input type="checkbox"/> F		
	72. Height	73. Weight
		74. Race
		75. Scars, tattoos, etc.
76. Father's full name		77. Mother's full maiden name
78. Names of all additional minor children he/she supports		
	Birthdate	Address
_____ _____		
79. Is this party pregnant? 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		<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Is this parent 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

