

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	PRISONER INFORMATION ADDENDUM	CASE NO.
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Plaintiff's name	v	Defendant's name
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Attorney:

Attorney:

GENERAL INFORMATION			
Full name (last, first)	Date of birth	Offender number	
Address	City	State	Zip
Date current sentence started	Earliest release date	Contacted the friend of the court to modify child support during this period of my incarceration. <input type="checkbox"/> Yes Date of contact: _____ <input type="checkbox"/> No	
Dependent children in this case (name[s] and date[s] of birth)			
1.			
2.			
3.			
4.			
Number of dependent children not in this case: _____			

INCOME/ASSET, WORK, AND EXPENSE INFORMATION			
Employed by <input type="checkbox"/> Prison at \$ _____ week		Name of employer _____ at \$ _____ hour for _____ hours per pay period	
Other income sources:			
\$ _____ profit sharing	\$ _____ interest	\$ _____ dividends	\$ _____ royalties
\$ _____ annuities	\$ _____ pension	\$ _____ deferred compensation	\$ _____
\$ _____ trust fund	\$ _____ rental income	\$ _____ Individual Retirement Account	\$ _____
Bank accounts			Land (estimated value of all land)
\$ _____ checking	\$ _____ savings	\$ _____	\$ _____
Vehicles (estimated value and type of vehicle)			
\$ _____	\$ _____	\$ _____	\$ _____
Name and address of last employer			
Dates employed by above employer from: _____ to: _____		Reason for leaving above employer	
Earnings paid by above employer each pay period before taxes \$ _____ every _____		Medical conditions that affect ability to work (specify)	
Educational level <input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Trade school <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree			
Spousal support orders from other cases			
\$ _____ every _____	Case number _____	City _____	County _____ State _____
\$ _____ every _____			
Rent \$ _____ every _____	Vehicle payment \$ _____ every _____	Mortgage payment \$ _____ every _____	Other \$ _____ every _____
INFORMATION AS TO CHILD'S CUSTODIAN (if known)			
Full name of custodian (last, first)		Date of birth of custodian	
Last known address of custodian		Last known telephone number of custodian	
Are you currently incarcerated for a crime against the child(ren) in this case, their parent, and/or their custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Date

Signature