

Approved, SCAO

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

**MOTION AND ORDER
FOR DISCLOSURE OF INCOME AND
HEALTH INSURANCE INFORMATION**

CASE NO.

Court address

Telephone no.

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

TO:

Source of income
PERSONNEL DEPARTMENT: CONFIDENTIAL

MOTION

1. Pursuant to statute, the friend of the court is conducting an investigation. Disclosure of income and available health insurance coverage is essential to the completion of the investigation.
2. _____ is employed by or receives income from the source of income named above.
3. **THE FRIEND OF THE COURT REQUESTS** that the court order the source of income to disclose all wages, earnings, salaries, commissions, or other income, and all medical, dental, hospitalization, optical, or other health-related insurance coverage available to the income recipient.

Date

Friend of the court

ORDER

1. Date of hearing: _____ Judge: _____ Bar no.

2. **IT IS ORDERED** that the motion for disclosure of income and health insurance information is granted, and the source of income named above shall make immediate and full disclosure as required by the friend of the court.

Judge

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and order to the source of income by first-class mail addressed to the last-known address as defined in MCR 3.203.

Date

Signature