

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE Page 1</b>	<b>CASE NO.</b>
--	--	-----------------

Friend of the Court address	Telephone no.
Plaintiff	v
	Defendant

**Complete this form and sign on page 4.**

<b>YOUR GENERAL INFORMATION</b>												
1. Your full name				2. Date of birth		3. Place of birth: City and State						
4. Address			City			State			Zip		5. Home telephone	
6. Social security number				7. Driver's license number				8. Work telephone				
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye color		11. Hair color		12. Height	13. Weight		14. Race		15. Scars, tatoos, etc.		
16. Your father's full name					17. Your mother's full maiden name							
18. Names of all of your dependent children    Birthdate    Gender    Natural/Step/Adopted    Soc. Sec. No.    Address												
19. Are you pregnant? If yes, complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No			a. When is the child due?			b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No						
20. Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No												

<b>YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION</b>												
21. Your occupation					22. Your employer (if unemployed, name of last employer)							
23. Employer's address			City			State			Zip		24. Date hired	
25. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly						26. Filing status    _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household						
27. Hourly pay rate (including shift premium and COLA)			28. Total regular hours worked per pay period				29. Average overtime hours for past 12 months					
30. Second job					31. Employer							
32. Employer's address			City			State			Zip		33. Date hired	
34. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly						35. Hourly pay rate		36. Average hours worked per pay period since hire date				
37. 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												

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

38. 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 _____	FIP _____
Deferred Comp./IRA _____	Disability Insurance _____	Supp. Security Income SSI _____
Trust Funds _____	GI Benefits _____	Other _____

39. Do you have any other alimony or child support orders?  
 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
--	---------------------------	----------------------------

40. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents?  
 No  Yes  If yes, how many stepchildren do you support? \_\_\_\_\_  
 If yes, state the reason the stepchildren's mother is unable to provide support:  
 \_\_\_\_\_  
 If yes, state the reason the stepchildren's father is unable to provide support:  
 \_\_\_\_\_

41. Do any of the children listed on item 18 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	

42. 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.

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

44. 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"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree

45. Medical insurance company name, address, telephone no. \_\_\_\_\_ Policy number \_\_\_\_\_ Beginning date, if known \_\_\_\_\_

46. Dental insurance company name, address, telephone no. \_\_\_\_\_ Policy number \_\_\_\_\_ Beginning date, if known \_\_\_\_\_

47. Optical insurance company name, address, telephone no. \_\_\_\_\_ Policy number \_\_\_\_\_ Beginning date, if known \_\_\_\_\_

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

49. What dependent coverage is available by payment of an additional premium? (specify cost per pay period)  
 Medical \_\_\_\_\_ per \_\_\_\_\_  Dental \_\_\_\_\_ per \_\_\_\_\_  Optical \_\_\_\_\_ per \_\_\_\_\_

50. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical (✓)	Dental (✓)	Optical (✓)

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE Page 3</b>	<b>CASE NO.</b>
<b>YOUR CHILD CARE INFORMATION</b>		
51. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? If yes, complete the following information: <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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	
52. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.		
Reason	Estimated no. 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	_____	
53. 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
<b>YOUR ADDITIONAL INFORMATION</b>		
54. List any additional information that would be useful to the court in making a support recommendation:  _____  _____		
<b>INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)</b>		
55. Full name		56. Date of birth
		57. Place of birth: City and State
58. Address		59. Home telephone
City	State	Zip
60. Social security number		61. Driver's license number
		62. Work telephone
63. Sex <input type="checkbox"/> M <input type="checkbox"/> F	64. Eye color	65. Hair color
		66. Height
		67. Weight
		68. Race
		69. Scars, tatoos, etc.
70. Father's full name		71. Mother's full maiden name
72. Names of all his/her dependent children    Birthdate    Gender    Natural/Step/Adopted    Soc. Sec. No.    Address		
73. Is this party pregnant? If yes, complete a. and b.    a. When is the child due?    b. Is this 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		
74. Is this parent married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
75. Occupation		76. Employer (if unemployed, name of last employer)
77. Employer's address		78. Date hired
City	State	Zip
79. Gross earnings per pay period (earnings before taxes)		80. Average overtime hours for past 12 months

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE Page 4</b>	<b>CASE NO.</b>
--	--	-----------------

**INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)**

81. Medical insurance company name, address, telephone no.	Policy number	Beginning date, if known
82. Dental insurance company name, address, telephone no.	Policy number	Beginning date, if known
83. Optical insurance company name, address, telephone no.	Policy number	Beginning date, if known
84. What dependent coverage is available to the other parent without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
85. What dependent coverage is available by payment of an additional premium? (specify cost per pay period) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
86. 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 under 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 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 for 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.