

STATE OF MICHIGAN 53rd JUDICIAL CIRCUIT CHEBOYGAN COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)	CASE NO.
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Friend of the court address 870 S Main St, Rm 210, PO Box 70, Cheboygan, MI 49721	Telephone no. 231-627-8825
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Plaintiff	v	Defendant
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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 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? <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			24. Are you presently married? <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 ____ dependants 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 _____	FIP _____
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
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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) SSI	Dependent benefit	Source of dependent benefit (mother, father, stepparent)

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/Group number Beginning date, if known

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

50. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known

51. What dependant coverage is available to you without cost? Medical Dental Optical

52. What dependant 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? Yes 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

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

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
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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	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 this child due? b. Is this party in this case the biological parent of the expected child? 80. Is this parent married?

Yes No Yes No Yes 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

