

FRIEND OF THE COURT CASE QUESTIONNAIRE

Telephone (989) 875-5226
 Fax (989) 875-5270

214 E. Center St., P.O. Box 157,
 Ithaca, MI 48847

Plaintiff Name	Defendant Name
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PLEASE FILL OUT THIS FORM COMPLETELY, IF REQUIRED INFORMATION IS NOT GIVEN IT WILL NOT BE TAKEN INTO CONSIDERATION AS A POSSIBLE DEDUCTION OR ADDITIONAL EXPENSE.

GENERAL INFORMATION Please check if the address listed below is new

Your Full Name	Date of Birth	Place of Birth: City and State
Address	City	State
	Zip	Home and Cell Phone Numbers
Driver's License Number (please provide copy of License)	Last 4 digits of Social Security Number	

INCOME INFORMATION

Your occupation or job title	Hiring date
Employer Name and Address	Employer's Phone Numbers
Gross Earnings per pay period \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly	Hourly pay rate (including shift premiums) \$ _____
Total hours worked per pay period	Average overtime hours per pay period along with overtime rate
Second employer (if applicable)	Hours worked per pay period of second employer
Hourly pay rate of second employer \$ _____	List any additional income (Retirement, Pension)
Number of other biological minor children (children not of this case)	List any degrees/certificates/occupational licenses with year obtained
Do you receive Social Security Supplemental Income (SSI)	Monthly Benefit Amount \$ _____
Do you receive Social Security Disability (SSD, VA or Railroad Retirement)	Monthly Benefit Amount for the minor child(ren) \$ _____
List any children who receive Social Security Disability	In whose name is the benefit received?

INFORMATION REGARDING THE OTHER PARENT (if known)

Address	City	State	Zip	Home Phone / Cell Phone
Drivers License Number	Last 4 number s of Social Security Number			
Employer's Name, Phone Number and Address				

LIST PERSONS IN HOUSEHOLD

Name	Relationship	Birth Date

INSURANCE INFORMATION

Do you maintain health insurance for your minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household carry health insurance for the minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain mandatory health insurance for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do both parties take the child to the doctor? <input type="checkbox"/> Yes If one list which parent _____
Name of insurance company:
Policy Number:
Please attach a copy of your current insurance card, front and back.
List the cost for you to maintain insurance per pay period. \$
List the individuals and their dates of birth covered under the policy:

*To qualify for the premium deduction for carrying health insurance on the minor children you must submit proof from the carrier's human resource department or a paystub with proof of the health insurance deduction.

Which parent primarily takes the minor children to the doctor? _____

EMPLOYMENT HISTORY

Please list the previous employers held within the last two years

Employer _____ Wage _____ Hours Worked Per Week _____

Employer _____ Wage _____ Hours Worked Per Week _____

Employer _____ Wage _____ Hours Worked Per Week _____

Do you have any personal history that prohibits you from working?

Are you currently seeking employment? _____

Do you have a driver's license? __Y/N__ Access to transportation? __Y/N__

CHILDCARE EXPENSES

Your childcare provider will need to complete the form below and sign it to verify the information is accurate. Forms returned without the signature of the provider will NOT be included when calculating support.

Child Care for a child continues through August 31 following that child's 12th birthday.

Provider Name		Phone Number
Address		
During the School Year		
Name and Age of Children	Hours per week	Hourly Rate/ Weekly Rate
Total weekly cost during school year		
During the Summer Season		
Name and Age of Children	Hours per Week	Hourly Rate/ Weekly Rate
Total weekly cost during summer season		
Is payment required if child/ren are absent from your center?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Does a Federal/State agency contribute to any portion of childcare services?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, give amount of the contribution per week by DHS?		\$ _____
Date: _____	Provider's Signature: _____	

Mandatory Contributions

*to count as a deduction, you must supply documentation proving the mandatory contribution.

Does your employer MANDATORILY require you to pay any of the following?

Union _____ Amount Monthly \$ _____

Retirement Plan _____ Percentage _____%

Mandatory Withholdings _____ Amount Monthly \$ _____

PARENTING TIME VERIFICATION REQUEST

The Michigan Child Support Formula factors in the number of annual overnights each parent exercises with each child when determining support.

In order to calculate the support order, the Friend of the Court requires each parent to complete the following section:

AMOUNT OF ANNUAL OVERNIGHTS EACH CHILD SPENDS WITH:

Child Name	Overnights with Mother	Overnights with Father
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Child Name	Overnights with Mother	Overnights with Father
------------	------------------------	------------------------

Child Name	Overnights with Mother	Overnights with Father
------------	------------------------	------------------------

Child Name	Overnights with Mother	Overnights with Father
------------	------------------------	------------------------

Child Name	Overnights with Mother	Overnights with Father
------------	------------------------	------------------------

Child Name	Overnights with Mother	Overnights with Father
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Please note that failure to respond to this request and agree on the amount may result in the Friend of the Court making a determination as to the number of annual overnights the child(ren) spend with each parent.

If both parties fail to respond to this notice and your current order allows for reasonable and/or liberal parenting time, our office will make the assumption that the non-custodial parent exercises 99 overnights annually.

If both parties fail to respond to this notice and your current order allows for a specific parenting time schedule, our office will determine the amount of overnights the non-custodial parent is awarded under that order and use it for the purpose of determining child support.

If only one party responds to this notice our office will use the numbers they have provided for the purpose of determining support.

If the parties are not able to agree on the number of overnights, the Friend of the Court will use the average number of overnights for the purpose of determining support.

I certify that the above information is true, accurate and complete.

Date: _____ Signature: _____