

FRIEND OF THE COURT
Renaë Topolewski



ASSISTANT FRIEND OF THE COURT
Edward V. Messing, Jr.

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285
www.stclaircounty.org/offices/foc

RESOLUTION CONFERENCE QUESTIONNAIRE

RETURN THIS FORM: 7 DAYS PRIOR TO YOUR RESOLUTION CONFERENCE

Your Name _____	Other Parent's Name _____
Address _____	Address _____
_____	_____
City, State, Zip Code	City, State, Zip Code
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____
Work Phone # _____	Work Phone # _____
Email Address _____	Email Address _____
Driver's License # _____	Driver's License# _____

List all children of the parties with their dates of birth and social security numbers:

CHILD'S FULL NAME	DATE OF BIRTH	ANTICIPATED YEAR OF GRADUATION	SOCIAL SECURITY NUMBER

In developing a mutual parenting time plan, parents are expected to communicate and cooperate for the benefit of their children. Your primary objective at the Resolution Conference will be completing a plan that is in the best interest of the children. Please take into consideration your children's age, temperament, attachment to each parent, special needs, their relationships with siblings and friends, their extra-curricular activities and the work schedule for each parent. Be as specific as possible. This questionnaire is to be returned with all other information as directed in the Order to Appear for Resolution Conference.

Please note the date of your Resolution Conference: _____

PROPOSED WEEKLY PARENTING TIME: These are times during the weekdays from Monday morning at 8:00 am to Friday evening at 6pm. Please consider school schedules, works schedules and activities.

Mother:

Father:

WEEKEND PARENTING TIME: These are times from Friday at 6:00 pm to Sunday 6:00 pm. You may agree to extend the weekend schedule until Monday 8:00am.

Mother:

Father:

SUMMER PARENTING TIME: This is the summer break schedule followed by the school that the children attend. This period begins the day school recess begins and ends the night before school resumes.

Mother:

Father:

HOLIDAY PARENTING TIME: Holidays recognized are Easter/Spring Break, Mother's Day, Memorial Day, Father's Day, July 4th, Labor Day, Thanksgiving and Christmas Break.

Mother:

Father:

OTHER: You may include any other parenting times or provisions that you believe will be in the best interest of your child(ren). This may include issues of transportation, school, extra-curricular activities, telephone contact, etc.

OTHER Continued:

WORK SCHEDULE: What is your work schedule? Please list your starting time and ending time.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

The Court must consider the following:

Have you or the other party ever been charged with Domestic Violence? YES NO (if yes explain below)

Have you or the other party ever been granted or served a Personal Protection Order? YES NO (if yes explain below)

Have you or the other party ever been investigated by Protective Services? YES NO (if yes explain below)

Is Protective Services currently involved with your family? YES NO (if yes explain below)

FINANCIAL: At least 7 days prior to your Resolution Conference, please return copies of the following items along with this questionnaire. Please supply a copy of the same to the other party:

1. **Your W-2 or 1099 form for the prior year.**
2. **Your last 3 paystubs.**
3. **If self-employed; copies of the last three years of income tax returns or a three-year certified statement of earnings from an accountant.**
4. **If you are unemployed, proof of your unemployment benefits.**
5. **If you have medical/mental disabilities preventing you from working, verification from Physician and/or Award Letter for Social Security Disability or SSI.**
6. **If you are claiming child care costs, please submit written verification signed by your child care provider. Including the rate for the school year and rate for the summer months.**

ABOUT YOU:

Marital Status on Tax Returns: Married Single Head Of Household

CURRENT EMPLOYMENT:

Business name: _____ Position held: _____ Start date: _____

Address (City, State, Zip) _____ Phone # _____

Gross income (before deductions) per pay period \$ _____ weekly bi-weekly bi-monthly monthly

Union dues \$ _____ per month. Mandatory retirement \$ _____ per month

Specify any other mandatory withholdings: _____ \$ _____ per month

2ND JOB:

Business name: _____ Position held: _____ Start date: _____

Gross per pay period \$ _____ weekly biweekly bi-monthly monthly

UNEMPLOYED:

Last employer name: _____ Position held: _____ Pay rate: _____

Start date: _____ End date: _____ Current unemployment benefits? Yes No If yes, how much: _____/wk

Other source of income (i.e. SSI, SSD, Rental Income, etc) _____ Amount \$ _____ per month

Are you now receiving food stamps? _____ Medicaid? _____ TANF grant? _____

Total amount you pay per month for health insurance \$ _____ or Paid by employer

How many persons are covered by this policy [total number of adult(s) and children] _____

First and last name and dates of birth of any other biological or legally adopted children (not step-children):

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

List any other child support cases you have below:

County	Name/Docket Number	Monthly Obligation

Do you have child care expenses for the minor child(ren) in this case during the year Yes No

Name(s) of child(ren) in daycare: _____

Daycare Provider: _____

*List your expenses below to reflect the school year or if the minor child(ren) is not yet in school:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

*List your child care expenses below for the minor child(ren) during the summer vacation:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

ABOUT THE OTHER PARTY:

Employer Name: _____ Occupation: _____

Estimated Annual Income: \$ _____ Other Source of Income: _____ Amount: \$ _____

I, hereby acknowledge that the answers contained herein (and/or documentation attached hereto) are true to the best of my knowledge and belief. Further, by signing below, you are requesting child support services under title IV-D of the Social Security Act

Your Signature: _____ Date _____

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 1 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	-----------------

USE NOTE: Complete this form and file it with the friend of the court (**do not file this form with the office of the clerk of the court**) when the first temporary custody, parenting-time, or support order is entered and when submitting any final proposed judgment awarding custody, parenting time, or support. Mail a copy to each party and file proof of mailing with the court (may use form MC 302, Proof of Mailing).

The information previously provided is changed is unchanged. (Complete only the fields that have changed.)

Date _____ Signature _____

Plaintiff Information

Defendant Information

Name		Name	
Address		Address	
Social security number	Telephone number	Social security number	Telephone number
E-mail address		E-mail address	
Employer name, address, telephone number, and FEIN (if known)		Employer name, address, telephone number, and FEIN (if known)	
Driver's license number and state		Driver's license number and state	
Occupational license number(s), type(s), issuing state(s), and date(s)		Occupational license number(s), type(s), issuing state(s), and date(s)	

CUSTODY PROVISIONS sole, plaintiff = P sole, defendant = D joint = J other = O _____
(must identify)

Child's name	Social security number	Date of birth	Physical custody P, D, J, O	Child's primary residence address	Legal custody P, D, J, O

SUPPORT PROVISIONS

Support provisions are stated in the Uniform Support Order.
Medical Support provisions are stated on page 2 of this form.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION, PAGE 2 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO.
----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	-----------------

MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		VERIFIED STATEMENT				CASE NO.	
1. Parent's last name			First name		Middlename	2. Any other names by which parent is or has been known	
3. Date of birth			4. Social security number			5. Driver's license number and state	
6. Mailing address and residence address (if different)							
7. E-mail address							
8. Eye color		9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.
15. Home telephone no.		16. Work telephone no.		17. Occupation			
18. Business/Employer's name and address						19. Gross weekly income	
20. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
21. Other parent's last name			First name		Middlename	22. Any other names by which parent is or has been known	
23. Date of birth			24. Social security number			25. Driver's license number and state	
26. Mailing address and residence address (if different)							
27. E-mail address							
28. Eye color		29. Hair color	30. Height	31. Weight	32. Race	33. Gender	34. Scars, tattoos, etc.
35. Home telephone no.		36. Work telephone no.		37. Occupation			
38. Business/Employer's name and address						39. Gross weekly income	
40. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
41. a. Name and sex of minor child in case		M / F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address	
42. a. Name and sex of other minor child of either party		M / F	b. Birth date	c. Age	d. Residential address		
43. Health care coverage available for each minor child							
a. Name of minor child		b. Name of policy holder		c. Name of insurance co./HMO		d. Policy/Certificate/Contract/Group no.	
44. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.							

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

Date

Signature

If any of the public assistance information above changes before your judgment is entered, you are required to give the friend of the court written notice of the change. If you want child support services, complete form DHS 1201-D, available at your local friend of the court office or courts.mi.gov/Administration/SCAO/Forms/courtforms/domesticrelations/generalfoc/dhs1201d.pdf