



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

Do not submit originals. Your documentation will not be returned to you. Any copies requested at the Friend of Court office will be assessed a copy fee.

REQUEST FOR INFORMATION

You must provide the following along with completing the attached:

- 4 Current paystubs and last years W-2 Forms (If self-employed or receive 1099s- last 3 years taxes)
- Childcare verification form completed, with attached pricelist from childcare provider, and signed by provider
- Complete name and address of employer(s)
- Proof of unemployment benefits
- Health insurance verification and cost (if any) verification for the children
- Other: _____

You must provide all information above prior to or at the time of the hearing. If the person requesting the hearing fails to appear for hearing or contact the office at the time of the hearing, their request may be dismissed. If either party fails to provide verification of employment, or income, an ability to earn may be imputed based on last known wage or an ability to earn a wage associated with their profession. A Show Cause hearing may be scheduled to compel release of information if either party fails to provide verification of any of the above information.

THE MICHIGAN CHILD SUPPORT FORMULA AND/OR SPOUSAL SUPPORT PROGNOSTICATOR WILL BE USED. IF SUPPORT IS CURRENTLY ORDERED, THIS MAY CAUSE A RAISE OR REDUCTION IN YOUR SUPPORT.

Case No: _____

Plaintiffs Name: _____ Attorney: _____

Defendant's Name: _____ Attorney: _____

If you are requesting Friend of the Court services, you must sign below.

I request child support services under the child support enforcement program of Title W-D of the Social Security Act, by signing below.

I declare that the attached information is accurate and true to the best of my information, knowledge and belief.

Date: _____ Signature: _____

If you are not requesting Friend of Court Services, then you must opt out of Friend of the Court Services.



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

HEALTH INSURANCE INFORMATION

Please verify current health insurance information for children on this case.

- Court Docket No:
- Client Name:
- Name of Children Insured:
- Policy Holder if other than client:
- Name of Employer:

Medical Insurance:	Date	Policy No.:
Claim Address:	Effective:	Group No.:
City, State, Zip:		Contract No.:
Phone No.:		
Optical Insurance:	Date	Policy No.:
Claim Address:	Effective:	Group No.:
City, State, Zip:		Contract No.:
Phone No.:		
Dental Insurance:	Date	Policy No.:
Claim Address:	Effective:	Group No.:
City, State, Zip:		Contract No.:
Phone No.:		
Prescription Insurance:	Date	Policy No.:
Claim Address:	Effective:	Group No.:
City, State, Zip:		Contract No.:
Phone No.:		
Other Insurance:	Date	Policy No.:
Claim Address:	Effective:	Group No.:
City, State, Zip:		Contract No.:
Phone No.:		

Completed by: _____ Phone: _____
Date: _____

Friend of the Court address
201 MCMORRAN BLVD., PORT HURON, MICHIGAN 48060

Telephone no
(810) 985-2285

Plaintiff name

V

Defendant name

GENERAL INFORMATION

1. Your full name (first, middle, & last)			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 license number			B. Work telephone
9. Sex ___ M ___ F	10. Eye color	11. Hair color	12. Height	13. Weight	19. Race	15. Scars, tatoos, etc.	
16. Your fathe full name				17. Your mother's full maiden name			
18. Names of all of your dependent children			Birthdate	Soc. Sec. No.		Address	
0. Are you or the other parent in this case pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete a. and b. below.							
a. When Is the child due?			b. Are the parties In this case the biological parents of the expected child?				
			Yes _No				

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

1. Full name (first, middle, & last)			2. Date of birth		19. Place of birth: City and State		
3. Address			City		State	Zip	4. Home telephone
5. Social security number				6. Driver license number			7. Work telephone
8. Sex	9. Eye color	10. Hair color	11. Height	0. Weight	12. Race	13. Scars, tattoos, e c.	
14. Father's full name				15. Mother's full maiden name			
20. Names of all the other parent's dependent children			Birthdate	Soc. Sec. No.		Address	

INCOME INFORMATION

38. Your occupation 39. Your employer (if unemployed, name of last employer)

40. Employers address City State Zip 41. Date hired

42. Gross earnings per pay period (earnings before taxes) bi-monthly monthly 43. Social security number

44. Hourly pay rate (including shift premium and COLA) 45. Total regular hours worked per pay period 46. Avg. overtime hours for past 12 months

47. Second job 48. Employer

49. Employer's address City State ZIP 50. Date hired

51. Gross earnings per pay period (earnings before taxes)
\$ weekly bi-weekly bi-monthly monthly 52. Hourly pay rate 53. Avg of hours worked per pay period since hire date

54. List MONTHLY income from all other sources, such as:

Commissions	Social Security Benefits	
Bonuses	V.A. Benefits	
Profit Sharing	Disability Insurance	
Interest	G.I. Benefits	
Dividends	Nat'l Guard & Res. Drill Pay	
Annuities	Armed Services	
Pensions/Longevity	Allowance for Rent	
Deferred Compensation/IRA	Rental Income	
Trust Funds	Spousal Support/Alimony	
Unemployment Benefits	General Assistance	
Strike Pay	AFDC	
SUB Pay	Supplemental Security Income SSI	
Sick Benefits	Other	
Workers Compensation		

55. Do you have any other alimony or child support order? NO Yes, as payer Yes, as recipient If so, complete a. b. and c.

a. Amount of order (do not include arrearages) b. Type of order/Case No c. City, County and State

Do you provide the sole support for stepchildren residing in your home because support is unavailable from a natural/adoptive parents?
 No Yes If Yes, how many stepchildren do you

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:

Do any of the children listed on item 12 receive payments from the Social Security Administration? Yes No

Child's Name	Amount (monthly)	Type of benefit SST	(check one) Dependent Benefit	Source of dependent benefit (Mother, Father, Stepparent)
				*

58. Attach your 4 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.

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

CHILD-CARE VERIFICATION

CASE NO.

Friend of the court address

Telephone no.

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.
It is your responsibility to return the completed form to the friend of the court.

Name
Name(s) and age(s) of child(ren) involved in this case
Are you receiving financial assistance for child care from any federal or state agency: <input type="checkbox"/> Yes Li No If yes, please state the name of the agency and the amount your are receiving.

CHILD-CARE PROVIDER INFORMATION Please attach a schedule of your most recent child-care rates. The child-care provider must complete the remainder of this form for the child(ren) named above.

KName of provider		Address		
City	State	Zip	County	Area code and Telephone no.
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child	Summer Season Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate
Do you require payment for services even when children are absent to guarantee a position in your center? If yes, please explain.				<input type="checkbox"/> Yes • No
Does a federal or state agency contribute all or a portion of these child-care services? If yes, please provide the agency name and amount contributed.				<input type="checkbox"/> Yes • No
The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.				
Date	Signature and tide of provider			

FRIEND OF THE COURT INCOME WORKSHEET

FOR NEW CASES FOR CHILD SUPPORT, CUSTODY, PARENTING TIME AND MEDICAL

Each parent must fully complete and then return this form so support can be calculated.

As of 10-01-08, support is based on the number of overnights each parent has with the child(ren). List each child's names and then specify the number of overnights with each parent. This is for all children.

(i.e. the FOC parenting time schedule is 78 overnights; week to week, -shared equal time- is 182.5 overnights @ parent)

Child's name _____ # overnights with mother _____ # overnights with father _____
Child's name _____ # overnights with mother _____ # overnights with father _____
Child's name _____ # overnights with mother _____ # overnights with father _____
Child's name _____ # overnights with mother _____ # overnights with father _____
Child's name _____ # overnights with mother _____ # overnights with father _____

Marital Status: [Married [Single [Head Of Household

How many other biological or legally adopted (not step-children) minor children do you have in your home? _____

First and last name of other child(ren) and date of birth (1) _____ (2) _____
(3) _____ (4) _____ (5) _____

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

Total amount you pay per month for health insurance \$ _____ or [] Paid by employer
(total for all premiums paid for health insurance, dental, optical and/or prescription)

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

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 If so Complete the Childcare verification form on back

REMINDER LIST:

Have you signed the front of your questionnaire?

Have you attached your four(4) most recent paystubs, or Taxes if 1099 or self employed?

Have you completed your childcare verification form on back if applicable?

Have you made a copy for your own records?