

**STATE OF MICHIGAN
38TH JUDICIAL CIRCUIT
MONROE COUNTY**

**FORM B
FRIEND OF THE COURT
CASE QUESTIONNAIRE
Page 1**

CASE NO.

COURT ADDRESS: 106 East First Street, PO Box 120, Monroe, Michigan 48161

TELEPHONE: (734) 240-7180

Plaintiff Name	V	Defendant Name
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GENERAL INFORMATION

1. Your Full Name		2. Date of Birth		3. Place of birth: City and State		
4. Address		City	State	Zip Code	5. Home Telephone	
6. Social Security Number		7. Drivers 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; tattoos, etc.
16. Your Father's Full Name			17. Your Mother's Full Maiden Name			
18. Names of all your children		Birth Date	Soc. Sec. No.	Address		
19. Are you or the other parent in this case pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (IF KNOWN)

20. Full Name		21. Date of birth		22. Place of birth: City and State		
23. Address		City	State	Zip Code	24. Home Telephone	
25. Social Security Number		26. Driver's License Number		27. Work Telephone		
28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Eye Color	30. Hair Color	31. Height	32. Weight	33. Race	34. Scars; tattoos, etc.
35. His/Her Father's Full Name			36. His/Her Mother's Full Maiden Name			
37. Names of all his/her dependent children		Birthdate	Soc. Sec. No.	Address		

INCOME INFORMATION

38. Your Occupation		39. Your employer (if unemployed, name of last employer)	
40. Employer's address	City	State	Zip Code
41. Date Hired			
42. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> 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 Code
50. Date Hired			
51. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> 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 orders? <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> 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	
56. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ _____			
57. Do any of the children listed on item 18 receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Name	Amount (monthly)	Type of benefit (check one) SSI <input type="checkbox"/> Dependent Benefit <input type="checkbox"/>	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 earning, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.			

INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)

59. Occupation		60. Employer (if unemployed, name of last employer)			
61. Employer's address		City	State	Zip Code	62. Hourly pay rate (including shift premium and COLA)
63. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly					64. Avg. overtime hours for past 12 months

HEALTH CARE INFORMATION

65. Medical Insurance company name	Policy number	Beginning date, if known			
66. Dental Insurance company name	Policy number	Beginning date, if known			
67. Optical Insurance company name	Policy number	Beginning date, if known			
68. What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical					
69. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period) <input type="checkbox"/> Medical \$ <input type="checkbox"/> Dental \$ <input type="checkbox"/> Optical \$					
70. Individuals currently covered by your insurance					
Name	Birthdate	Relationship	Medical (✓)	Dental (✓)	Optical (✓)
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

CHILD CARE INFORMATION

71. Do you have child care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> 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 I.R.S. tax return		
72. 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	_____		
73. 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
_____	_____	_____	_____

INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT

74. 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 at last place of full time employment (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
75. Do you have any medical conditions/restriction that affect your ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain medical condition/restriction: _____ _____ _____	
76. 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

Reminder List:

Have you signed this questionnaire?

Have you had this questionnaire notarized?

Have you attached your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deduction and year to date earnings?

Have you attached a copy of your last federal and state income tax returns, including all schedules? If self-employed, also attach a copy of your 3 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.

Retain a copy of this form for your own records. Return the original to the Friend of the Court office.