

STATE OF MICHIGAN 35th JUDICIAL CIRCUIT Shiawassee COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 1	CASE NO.
--	---	-----------------

Friend of the Court address
 Friend of the Court, Courthouse, Corunna, Michigan 48817 (517) 743-2397 Telephone no.

Plaintiff name _____ v Defendant name _____

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. Social security number			7. Driver 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
16. Your father's full name			17. Your mother's full maiden name		
18. Names of all of your dependent children		Birthdate	Soc. Sec. No.	Address	

19. Are you or the other parent in this case pregnant? Yes 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? Yes 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	24. Home telephone
25. Social security number			26. Driver 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
35. Father's full name			36. Mother's full maiden name		
37. Names of all the other parent's dependent children		Birthdate	Soc. Sec. No.	Address	

STATE OF MICHIGAN 35th JUDICIAL CIRCUIT Shiawassee COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 2	CASE NO.
--	---	-----------------

INCOME INFORMATION

38. Your occupation		39. Your employer (if unemployed, name of last employer)	
40. Employer's address	City	State	Zip
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
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? 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
--	---------------------------	----------------------------

56. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both natural/adoptive parents?
 No Yes 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? Yes No

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

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, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

**NON-ADC CHILD SUPPORT SERVICES APPLICATION
MICHIGAN DEPARTMENT OF SOCIAL SERVICES
OFFICE OF CHILD SUPPORT**

FOR DSS AND FOC USE ONLY

Date Filed	Case Number
------------	-------------

INSTRUCTION: Complete this form if you want to apply for child support services available under Title IV-D of the Social Security Act. Fill in each item as completely as possible, sign and date the form. If you are eligible for ADC or Medicaid, you do not have to complete this form to receive support services. Your assistance payments worker will refer your family for services.

APPLICANT INFORMATION

1. Applicant's Name	2. Birthdate	3. Social Security Number
4. Home Address (Number & Street, City, State, Zip)		
5. Home Phone Number	6. Work Phone Number	
7. How are you related to children? <input type="checkbox"/> Parent <input type="checkbox"/> Other, Specify	8. Have you ever received ADC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when & where?	

INFORMATION ABOUT ABSENT PARENT FROM WHOM SUPPORT IS SOUGHT

9. Absent Parent's Name	10. Birthdate	11. Age	12. Birthplace	13. Race
14. Social Security Number	15. Height	16. Weight	17. Hair Color	18. Eye Color
19. Home Address <input type="checkbox"/> Current <input type="checkbox"/> Last Known			20. Home Phone Number	
21. Employer Name and Address <input type="checkbox"/> Current <input type="checkbox"/> Last Known				
22. Work Phone Number		23. Hours Worked		
24. Car Make, Model & Year	25. Plate Number	26. Driver License Number	27. Issuing State	
28. Name of Health Insurance	29. Policy or Group Number	30. Certificate or Contract No.	31. Effective Date of Coverage	

INFORMATION ABOUT CHILD(REN) OF ABSENT PARENT

32. Child(ren)'s Name	33. Birthdate	34. Social Security Number	35. Is Child Covered by Absent Parent's Health Insurance
A.			<input type="checkbox"/> Yes <input type="checkbox"/> No
B.			<input type="checkbox"/> Yes <input type="checkbox"/> No
C.			<input type="checkbox"/> Yes <input type="checkbox"/> No
D.			<input type="checkbox"/> Yes <input type="checkbox"/> No

MARITAL AND SUPPORT ORDER STATUS - If child(ren)'s parents are/were married, complete Items 36-41. If not married, complete Items 40-42.

36. Date Married	37. County/State Married	38. Date Separated or Divorced	39. County/State Sep. or Divorced
40. Court Order Number	41. County/State Order Entered	42. Has paternity been established? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when & where?	

I request child support services available under Title IV-D of the Social Security Act. I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances which may affect support action in my case.

Applicant's Signature	Date
The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.	Authority: 45 CFR 302.33 Completion: Application for services is voluntary Penalty: None

Distribution: Part 1 - Support Specialist
Part 2 - Friend of the Court
Part 3 - Prosecuting Attorney