

1. In the matter of
(name(s), alias(es), DOB)

PERSONAL & EMPLOYMENT INFORMATION	1. Name of Father	2. Date of birth	3. Soc. sec. no.	9. Name of Mother	10 Date of birth	11. Soc. sec. no.
	4. Employer's name		5. Length of employment	12. Employer's name		13. Length of employment
	6. Employer's address			14. Employer's address		
	7. Gross pay \$ _____ per _____ (attach W-2)			15. Gross pay \$ _____ per _____ (attach W-2)		
	8. Driver's License No.			16. Driver's License No.		
	17. Do you have any medical conditions/restrictions that affect your ability to work? If yes, please explain medical condition/restriction:				Yes No.	
	18. a) Home address:					19. Telephone no.
	b) Email Address:					
	20. Marital status		21. Names and ages of dependents residing with petitioner			
	single					
married						
separated						
divorced						
		22. Names, ages, and relationships of all other people living in the home.				
HEALTH CARE INFORMATION						
23. Medical Insurance company name			Policy number		Beginning date, if known	
24. Dental Insurance company name			Policy number		Beginning date, if known	
25. Optical Insurance company name			Policy number		Beginning date, if known	
26. What dependent coverage is available to you without cost? Medical Dental Optical						
27. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period)						
Medical \$ _____		Dental \$ _____		Optical \$ _____		
28. Individuals currently covered by your insurance						
Name	Birth date	Relationship	Medical (✓)	Dental (✓)	Optical (✓)	
29. OTHER INCOME List below all other income, including						
			SOURCE OF INCOME			
OVERTIME	\$ _____				Per	
COMMISSIONS/BONUSES	\$ _____				Per	
TIPS	\$ _____				Per	
PUBLIC ASSISTANCE	\$ _____				Per	
UNEMPLOYMENT	\$ _____				Per	
VETERAN'S BENEFITS	\$ _____				Per	
SOCIAL SECURITY	\$ _____				Per	
PENSIONS	\$ _____				Per	
WORKER'S COMP	\$ _____				Per	
PLEASE CONTINUE ON OTHER SIDE						

DISABILITY	\$	Per
INTEREST	\$	Per
DIVIDENDS	\$	Per
RENT	\$	Per
ADOPTION SUBSIDY	\$	Per
TRUST FUND	\$	Per

30. Do any of the children listed above 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, Step-parent)
		SSI	Dependent benefit	

31. **PROPERTY**

REAL ESTATE				MOTOR VEHICLES			
Purchase price	Current Value	Loan Balance	Payments	Year	Make	Loan Balance	Payments

32. **ASSETS** (other than real estate and motor vehicles)
List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bond posted, etc.

BALANCE	INSTITUTION NAME	ASSET	VALUE
Checking/Draft			\$ _____
Savings			\$ _____
Credit Union			\$ _____
			\$ _____
			\$ _____
			\$ _____

33. Are you paying or receiving child support for any minor children: no yes. If yes, through what County is the support order issued: _____
Amount \$ _____ per _____
Name of the child/children whom you are paying/receiving support for _____

34. Attach a copy of last year's Federal Income Tax Return.

I declare that this financial statement has been examined by me and that the contents are true to the best of my information, knowledge, and belief. I further authorize the release of any information needed to verify this statement or any other information needed to verify my financial affairs.

A person who knowingly makes a false declaration under MCR 5.114(b) is in contempt of court.

Date Signature Relationship to child(ren)

Date Signature Relationship to child(ren)

FOR COURT USE ONLY

REVIEW AND RECOMMENDATIONS:

Signature