8TH JUDICIAL CIRCUIT COURT
IONIA COUNTY FRIEND OF THE COURT

100 W. Main Street
Ionia, Michigan 48846
Telephone (877) 543-2660
Fax (616) 527-5397

Rebecca A. Shermak
Friend of the Court
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Facilitator – Mediator

FRIEND OF THE COURT POLICY REGARDING AGREEMENTS BETWEEN PARTIES TO MODIFY CUSTODY, PARENTING TIME, AND/OR CHILD SUPPORT ORDERS OF THE COURT

The Ionia County Friend of the Court Office recognizes that often clients are able to reach agreements to modify custody, parenting time, and/or child support orders. FOC staff will assist clients in these situations by offering a process for approval and entry of stipulated orders. This means that the judge will sign the order without having a hearing on it. However, if after you get the order you feel that it does not correctly reflect your agreement, you may object to the order and obtain a hearing on it by putting your objection in writing within 21 days of the mailing of the stipulated order. Notice of your right to object will be located at the bottom of the Order. Objection forms are available at the FOC office and at www.ioniacounty.org.

To obtain entry of an Order that both parties agree upon, you must first file the motion with the **Clerk's Office**, with all accompanying documents completely filled out. It will then be scheduled for an appointment with a representative of the Friend of the Court office, or it may be entered without a meeting if circumstances of your agreement allow. If you are requesting special accommodations such as participating by telephone instead of in person, include that request on the motion form. It if it is determined that a meeting is necessary, the parties will be set for an informal joint meeting with the FOC representative at the FOC office. An order will then be drafted for approval by the Court. You will receive the completed order in the mail after the meeting.

Effective October 1, 2004, fees for entry of orders involving child support, custody, and parenting time were established as set forth below. These fees apply to all pre- judgment and post-judgment actions including stipulations.

CUSTODY, PARENTING TIME, AND/OR CHANGE OF DOMICILE MOTIONS:

$100 payable by cash, check or money order to: IONIA COUNTY CLERK'S OFFICE
100 W. MAIN STREET
IONIA, MI 48846

CHILD SUPPORT AND RELATED PROVISION MOTIONS:

$60 payable by cash, check, or money order to: IONIA COUNTY CLERK'S OFFICE
100 W. MAIN STREET
IONIA, MI 48846

This cost will be assessed when filing a motion. Your appointment will not be scheduled until payment is received.

STATE OF MICHIGAN IN THE

FAMILY DIVISION OF THE 8th JUDICIAL CIRCUIT

_____, File No. _____

Plaintiff,

v. **STIPULATED MOTION TO MODIFY ORDER**

_____,

Defendant.

The parties hereby stipulate and request that the following provisions of their Order(s) be modified in their file as to:
Name of child/ren:_____

[ ] CUSTODY

The parties agree that there has a been a change in circumstances since their last order, or proper cause to modify custody, as follows:_____

_____

_____

Legal custody (ability to make important decisions such as health, education, etc about the child/ren) shall be modified to:

shared by both parents____ plaintiff_____ defendant_____ other:_____

Physical custody (where the child/ren will primarily live) shall be modified to:

Shared by both parents____ plaintiff_____ defendant_____ other:_____

[ ] PARENTING TIME

Parenting time shall change to: _____

_____

_____

[ ] CHANGE OF DOMICILE

The parties agree to change of a domicile (more than 100 miles away) for plaintiff / defendant (circle one) to _____ and the new address is:

_____

This will take effect on: _____ after which parenting time will be as follows:_____

_____

[ ] CHILD SUPPORT

The parties agree to modify child support from _____ to _____.
A uniform child support shall be prepared and entered, if necessary, after meeting with FOC staff.

_____ _____

Plaintiff signature date Defendant signature date

If you require special accommodations or a foreign language interpreter, please state here what you are requesting:_____

_____

Office use only below this line

NOTICE OF HEARING

Both parties shall appear for a meeting with FOC staff on (date):_____

at _____ am / pm at 100 W. Main Street, Ionia, MI 48846 (Friend of the Court office).

CERTIFICATE OF MAILING

I certify that on_____I mailed a copy of
the above entitled matter to the parties & their attorney(s) of record
(if applicable) to their last known addresses.

_____

Ionia County Friend of the Court Office

To be completed by Plaintiff

PARENTING TIME OFFSET

OVERNIGHT PARENTING TIME VERIFICATION

As of October 1, 2008, the Michigan Child Support Formula factors in the number of annual overnights each parent exercises when determining child support.

In order to calculate the support order, the Friend of the Court requires each parent to complete the following section:

STATE THE NUMBER OF OVERNIGHTS PER YEAR THE CHILD(REN) SPENDS WITH :

Mother _____

Father _____

I certify that the above information is true, accurate, and complete.

Date:_____

_____
Signature

_____
Printed Name

Case No. _____

Please note that failure to respond to this request or agree on the amounts may result in the Friend of the Court making a determination as to the number of annual overnights the child(ren) are with each parent.

If both parties fail to respond to this notice and your current order allows for reasonable and liberal parenting time or the Court Parenting Time Policy, the Friend of the Court will assume that the non-custodial parent exercises 86 overnights annually.

If both parties fail to respond to this notice and your current order allows for a specific parenting time schedule, the Friend of the Court will determine the average overnights according to the order when determing child support.

If only one party responds to this notice, the Friend of the Court will use the numbers he or she provided for determining support.

If the parties do not agree to the number of overnights, the Friend of the Court will use the actual court order for determining support in the absence of evidence otherwise.

Approved SCAO

To be completed by Plaintiff

Original - Friend of the court
Additional copies as needed

STATE OF MICHIGAN 8th JUDICIAL CIRCUIT IONIA COUNTY	CHILD-CARE VERIFICATION	CASE NO.

Friend of the court address

100 W MAIN STREET IONIA MICHIGAN 48846

Telephone no

(877) 543-2660

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

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.

Name 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? ☐ Yes ☐ No
If yes, please explain.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? ☐ Yes ☐ No
If yes, please provide the agency name and amount contributed.

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 title of provider

To be completed by the Plaintiff

To the Clerk. For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE

Friend of the court address
100 W Main St, Ionia MI 48846

FAX: (616) 527-5397

Telephone no.
(877) 543-2660

Plaintiff	v	Defendant

Complete this form and sign on page 5.

YOUR 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. Work telephone
7. Social security number	8. Driver's license no.	9. Professional license, type and no.			10. Cell phone	11. E-mail address
12. Sex ☐ M ☐ F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race	18. Scars, tattoos, etc.
19. Your father's full name				20. Your mother's full maiden name		

21. Children in common with other parent in this case	Birthdate	Gender	SSN	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually

22. Names of other biological/adopted minor children you support	Birthdate	Address

23. Are you pregnant? ☐ Yes ☐ No	a. When is the child due?	b. Is the other party in this case the biological parent of the expected child? ☐ Yes ☐ No	24. Are you presently married? ☐ Yes ☐ No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation	26. Your employer (if unemployed, name of last employer)	
27. Employer's address City State Zip		28. Date hired
29. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly	30. Filing status ☐ married ☐ single ☐ head of household	_____ dependents claimed
31. Hourly pay rate (including shift premium and COLA)	32. Total regular hours worked per pay period	33. Average overtime hours for past 12 months

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

34. Second job	35. Employer			
36. Employer's address	City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly			39. Hourly pay rate	40. Average hours worked per pay period since hire date

41. 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 earings per pay period (earnings before taxes)
$ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly

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

Commissions	_____	Unemp. Benefits	_____	Nat'l Guard & Res. Drill Pay	_____
Bonuses	_____	Strike Pay	_____	Armed Services	_____
Profit Sharing	_____	SUB Pay	_____	Allowance for Rent	_____
Interest	_____	Sick Benefits	_____	Rental Income	_____
Dividends	_____	Workers' Comp.	_____	Spousal Support/Alimony	_____
Annuities	_____	Soc. Sec. Benefits	_____	State Disability Assistance	_____
Pensions/Longevity	_____	VA Benefits	_____	F I P	_____
Deferred Comp./IRA	_____	Disability Insurance	_____	Supp. Security Income SSI	_____
Trust Funds	_____	GI Benefits	_____	Other	_____

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? ☐ Yes ☐ No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Type of benefit (check one) Dependent benefit	Source of dependent benefit (mother, father, stepparent)

45. Attach your four 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 three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
If yes, please explain medical condition/restriction: ☐ Yes ☐ No

47. What is your educational background? (Check one)
☐ less than high school ☐ High school graduate ☐ Trade school graduate
☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

48. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

51. What dependent coverage is available to you without cost?
☐ Medical ☐ Dental ☐ Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

YOUR CHILD-CARE INFORMATION

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? ☐ Yes ☐ 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 federal I.R.S. tax return.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

55. 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 number of hours per week
☐ Work related	_____
☐ Looking for employment	_____
☐ Enrolled in educational program to improve employment opportunities	_____

56. 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

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

_____

_____

Case No. _____

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

58. Full name				59. Date of birth	60. Place of birth: city and state	
61. Address	City	State	Zip		62. Home telephone	63. Work telephone
64. Social security number	65. Driver's license no.	66. Professional license, type and no.			67. Cell phone	68. E-mail address
69. Sex ☐ M ☐ F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.
76. Father's full name				77. Mother's full maiden name		

78. Names of other biological/adopted minor children he/she supports	Birthdate	Address

79. Is this party pregnant? ☐ Yes ☐ No	a. When is the child due?	b. Is the party in this case the biological parent of the expected child? ☐ Yes ☐ No	80. Is this party married? ☐ Yes ☐ No

81. Occupation	82. Employer (if unemployed, name of last employer)		
83. Employer's address	City	State Zip	84. Date hired
85. Gross earnings per pay period (earnings before taxes)		86. Average overtime hours for past 12 months	
87. Medical insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known
88. Dental insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known
89. Optical insurance company name, address, telephone no.		Policy/Group number	Beginning date, if known

90. What dependent coverage is available to the other parent without cost?
☐ Medical ☐ Dental ☐ Optical

91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

92. Individuals currently covered by other parent's insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

Case No. _____

If you want friend of the court services, you must check the box below.

☐ **I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.**

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ _____

Date Signature

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three 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. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.

To be completed by Defendant

PARENTING TIME OFFSET

OVERNIGHT PARENTING TIME VERIFICATION

As of October 1, 2008, the Michigan Child Support Formula factors in the number of annual overnights each parent exercises when determining child support.

In order to calculate the support order, the Friend of the Court requires each parent to complete the following section:

STATE THE NUMBER OF OVERNIGHTS PER YEAR THE CHILD(REN) SPENDS WITH :

Mother _____

Father _____

I certify that the above information is true, accurate, and complete.

Date: _____

_____
Signature

_____
Printed Name

Case No. _____

Please note that failure to respond to this request or agree on the amounts may result in the Friend of the Court making a determination as to the number of annual overnights the child(ren) are with each parent.

If both parties fail to respond to this notice and your current order allows for reasonable and liberal parenting time or the Court Parenting Time Policy, the Friend of the Court will assume that the non-custodial parent exercises 86 overnights annually.

If both parties fail to respond to this notice and your current order allows for a specific parenting time schedule, the Friend of the Court will determine the average overnights according to the order when determing child support.

If only one party responds to this notice, the Friend of the Court will use the numbers he or she provided for determining support.

If the parties do not agree to the number of overnights, the Friend of the Court will use the actual court order for determining support in the absence of evidence otherwise.

Approved, SCAO

To be completed by Defendant

Original - Friend of the court
Additional copies as needed

STATE OF MICHIGAN 8th JUDICIAL CIRCUIT IONIA COUNTY	CHILD-CARE VERIFICATION	CASE NO.

Friend of the court address

100 W MAIN STREET IONIA MICHIGAN 48846

Telephone no.

(877) 543-2660

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

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.

Name 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? ☐ Yes ☐ No
If yes, please explain.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? ☐ Yes ☐ No
If yes, please provide the agency name and amount contributed.

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 title of provider

To be completed by the Defendant

To the Clerk: For FOC office

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE

Friend of the court address: 100 W Main St, Ionia MI 48846 | FAX: (616) 527-5397 | Telephone no.: (877) 543-2660

Plaintiff	v	Defendant

Complete this form and sign on page 5.

YOUR 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. Work telephone
7. Social security number	8. Driver's license no.	9. Professional license, type and no.			10. Cell phone	11. E-mail address
12. Sex ☐ M ☐ F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race	18. Scars, tattoos, etc.
19. Your father's full name				20. Your mother's full maiden name		

21. Children in common with other parent in this case	Birthdate	Gender	SSN	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually

22. Names of other biological/adopted minor children you support	Birthdate	Address

23. Are you pregnant? ☐ Yes ☐ No	a. When is the child due?	b. Is the other party in this case the biological parent of the expected child? ☐ Yes ☐ No	24. Are you presently married? ☐ Yes ☐ No

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation	26. Your employer (if unemployed, name of last employer)	
27. Employer's address City State Zip		28. Date hired
29. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly	30. Filing status ☐ married ☐ single ☐ head of household	_____ dependents claimed
31. Hourly pay rate (including shift premium and COLA)	32. Total regular hours worked per pay period	33. Average overtime hours for past 12 months

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

34. Second job			35. Employer	
36. Employer's address	City	State Zip		37. Date hired
38. Gross earnings per pay period (earnings before taxes) $ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly			39. Hourly pay rate	40. Average hours worked per pay period since hire date

41. 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 earings per pay period (earnings before taxes)
$ ☐ weekly ☐ biweekly ☐ bimonthly ☐ monthly

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

Commissions		Unemp. Benefits		Nat'l Guard & Res. Drill Pay	
Bonuses		Strike Pay		Armed Services	
Profit Sharing		SUB Pay		Allowance for Rent	
Interest		Sick Benefits		Rental Income	
Dividends		Workers' Comp.		Spousal Support/Alimony	
Annuities		Soc. Sec. Benefits		State Disability Assistance	
Pensions/Longevity		VA Benefits		F I P	
Deferred Comp./IRA		Disability Insurance		Supp. Security Income SSI	
Trust Funds		GI Benefits		Other	

43. Do you have any spousal support/alimony orders involving another person not a parent in this case?
If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? ☐ Yes ☐ No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Dependent benefit	Source of dependent benefit (mother, father, stepparent)

45. Attach your four 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 three most recent business tax returns and/or corporation returns.

46. Do you have any medical conditions/restrictions that affect your ability to work?
If yes, please explain medical condition/restriction: ☐ Yes ☐ No

47. What is your educational background? (Check one)
☐ less than high school ☐ High school graduate ☐ Trade school graduate
☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree

Case No. _____

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

48. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

51. What dependent coverage is available to you without cost?
☐ Medical ☐ Dental ☐ Optical

52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

53. Individuals currently covered by your insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

YOUR CHILD-CARE INFORMATION

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? ☐ Yes ☐ 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 federal I.R.S. tax return.

Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.

55. 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 number of hours per week
☐ Work related	_____
☐ Looking for employment	_____
☐ Enrolled in educational program to improve employment opportunities	_____

56. 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

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history.

_____

_____

Case No. _____

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

58. Full name				59. Date of birth	60. Place of birth: city and state	
61. Address	City	State	Zip		62. Home telephone	63. Work telephone
64. Social security number	65. Driver's license no.	66. Professional license, type and no.			67. Cell phone	68. E-mail address

69. Sex ☐ M ☐ F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.

76. Father's full name	77. Mother's full maiden name

78. Names of other biological/adopted minor children he/she supports	Birthdate	Address

79. Is this party pregnant? ☐ Yes ☐ No	a. When is the child due?	b. Is the party in this case the biological parent of the expected child? ☐ Yes ☐ No	80. Is this party married? ☐ Yes ☐ No

81. Occupation	82. Employer (if unemployed, name of last employer)

83. Employer's address	City	State	Zip	84. Date hired

85. Gross earnings per pay period (earnings before taxes)	86. Average overtime hours for past 12 months

87. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
88. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
89. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known

90. What dependent coverage is available to the other parent without cost?
☐ Medical ☐ Dental ☐ Optical

91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.)
☐ Medical _____ per _____ ☐ Dental _____ per _____ ☐ Optical _____ per _____

92. Individuals currently covered by other parent's insurance

Name	Birthdate	Relationship	Medical ( )	Dental ( )	Optical ( )

If you want friend of the court services, you must check the box below.

☐ **I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.**

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____ Signature _____

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three 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. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.