

FOC Address: 82 Ionia Ave NW, Ste 200, PO Box 351, Grand Rapids, MI 49501-035 Telephone:(877) 543-2660
FOC Email Address: foc.mail@kentcountymi.gov

GENERAL INFORMATION

- 1. Your Name _____ 2. Soc. Sec. No. _____
- 3. Your Address _____ City _____ State _____ Zip _____
- 4. Home phone _____ 5. Work _____ 6. Cell _____ 7. []M []F
- 8. Email address: _____

9. Information regarding **all** of your children including those not on this case

Name	Birthdate	Address - include for all children	Biological (x)	Adopted (x)	Step-child (x)

- 10. Is/are your child(ren) on this case in high school? [] YES [] NO
If yes, provide the date they will be graduating. _____
- 11. Who is the custodial parent? []Mother []Father Number of court-ordered overnights per year with you: _____
- 12. Does someone other than the biological parents have guardianship of the child(ren)? []Yes []No
--- If yes, what is his/her name and relationship to the child(ren)? _____

YOUR INCOME INFORMATION (Attach copies of your 4 most recent paycheck stubs and your W2's from last year. **If you are **self-employed** attach your last 3 years tax returns, individual and business, including all schedules.**)

- 13. Name of your employer (full and part-time) _____
Is this seasonal work? [] Yes [] No
- 14. Employer's address (city, state and zip code) _____
- 15. Occupation _____ 16. Date hired _____ 17. Hourly rate _____
- 18. **Gross** earnings per pay period \$ _____ []weekly []bi-weekly []semi-monthly []monthly []yearly
- Second job:** 19. Name of employer _____
- 20. Employer's address (city, state and zip code) _____
- 21. Occupation _____ 22. Date hired _____ 23. Hourly rate _____
- 24. **Gross** earnings per pay period \$ _____ []weekly []bi-weekly []semi-monthly []monthly []yearly

25. List **MONTHLY** income from all other sources **and attach documentation:** If you received income from any of these sources during the year but are no longer receiving it, please indicate the dates and total amount received.

- Commissions\$ _____ Soc. Security/RSDI Benefits \$ _____
- Bonuses \$ _____ SSI \$ _____
- Profit Sharing \$ _____ Disability Insurance \$ _____
- Interest \$ _____ G. I. Benefits \$ _____
- Dividend \$ _____ National Guard/Reserve Drill Pay \$ _____
- Annuities \$ _____ Armed Services \$ _____
- Pensions/Longevity \$ _____ VA Benefits \$ _____
- Deferred Compensation/IRA \$ _____ DHS Cash Assistance \$ _____
- Trust Funds \$ _____ Spousal Support/Alimony \$ _____
- Unemployment Benefits \$ _____ Tribal Per Capita (yearly amt) \$ _____
- Workers Compensation \$ _____ Other \$ _____
- Rental Income \$ _____ Pending \$ _____

--If so, provide complete latest income tax return

Do you receive unemployment benefits any time during the year? _____
weekly amount # of wks

PREVIOUS EMPLOYMENT - please list your previous employer(s):

26. Name and address of last part-time/full-time employer _____
Name of employer(s) if not full time _____
27. Last day employed full-time _____ 28. Length of time you were employed _____
29. Position held _____ 30. Reason for leaving _____
31. Gross (before taxes) earnings \$ _____ []hour []week []year
32. Do you have any medical conditions/restrictions that affect your ability to work? []Yes []No
If yes, please explain **and provide a current doctor's statement documenting your condition/restrictions**

33. What is your educational background?
[] Less than high school [] GED [] High school graduate [] Bachelor's degree [] Trade school graduate
[] Associates degree [] Graduate degree [] Vocational Certificate or Licenses: type _____
34. Do you have a valid driver's license? [] Yes [] No 35. Do you have transportation? [] Yes [] No
36. If you are not currently working, how do you support yourself? (list odd jobs, gifts from family, etc.) _____
37. Do you have any felony convictions that impact your ability to find employment? [] Yes [] No

ALLOWABLE DEDUCTIONS: You may not receive credit for a deduction if proper documentation is not provided

38. Mandatory Union dues \$ _____ per _____
39. Court ordered life insurance naming minor(s) as beneficiaries \$ _____ per _____ [] term [] whole
Other court ordered child support cases/obligations \$ _____ per _____ \$ _____ per _____
(List the county and state in which the order exists) _____
(Provide a copy of the **current** court order for the above case if it applies to you.)

YEAR END TAX STATUS

40. Head of household [] Single [] Married Filing Separately [] Married Filing Jointly []
Number of exemptions you claim _____
(This information relates to how you file your taxes at year-end. Include yourself in exemptions you claim.)
Do you alternate the tax exemption for the child(ren) or split exemptions? Please explain _____

We are asking for information regarding the other parent in this case. Sometimes very helpful information can be obtained this way. We ask that you complete the next section to the best of your ability.

INFORMATION REGARDING THE OTHER PARENT (if known)

41. Full name _____ 42. Soc. Sec. No. _____
43. Address _____ City _____ State _____ Zip _____
44. Home phone _____ 45. Work _____ 46. Cell _____ 47. []M []F
48. Names of the other parent's dependent children Birthdate or Age Address

49. Employer _____ 50. Occupation _____
51. Employer's address (city, state and zip code) _____
52. Hourly pay rate or annual salary _____ 53. Second job or additional income (such as
VA benefits or rental income) or special skills/training _____

MINOR'S BENEFITS

54. Do any of the children listed in number 9 receive payments from the Social Security Administration, VA or Rail Road Retirement?

Yes. If so, date of entitlement to benefits _____ No

Child's Name	Monthly Amount	Type of benefit SSI, SSD, VA or RRR	Source of dependent benefit (Mother, Father, Step-parent)
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HEALTH INFORMATION. (To receive credit, proof of cost and coverage must be provided.)

55. Do you maintain health insurance coverage for yourself? Yes No

56. Do you maintain health insurance coverage for the minor child(ren)? Yes No

57. If so, specify the **cost to you**: _____ per week bi-weekly semi-monthly monthly

58. Please list **ALL** the individuals currently covered by your insurance (including yourself):

Name	Relationship	Medical (x)	Dental(x)	Optical(x)
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59. Do you and the other parent have an agreement as it relates to health care coverage? Yes No

If yes, Mother provides health care coverage Father provides health care coverage

Other (please explain) _____

Please note if one party is currently maintaining health care coverage and that party loses access to coverage, then FOC is unable to require the other parent to obtain insurance without a court order. If only one party receives an adjustment for health care coverage, then the recommendation will be for that parent only to maintain health care coverage. If both parties provide coverage and provide verification of coverage then both parties will receive an adjustment.

60. If applicable name of attorney representing you in this matter: _____

61. **IMPORTANT Please make sure you attach the following paperwork/documentation:**

- Your **4** most recent paycheck stubs.
- Your **W2s** from last year, if available.
- If self-employed** and/or have an interest in a business/partnership, your 3 most recent tax returns (business and individual) including all schedules.
- Proof of any other **income information** (i.e. unemployment benefits, SSD benefits etc...)
- Documentation of medical restrictions if applicable.
- Most recent court order for other support obligations.
- Verification of health insurance coverage and cost.

Attach any other information that may be useful to Friend of the Court in making a support recommendation.

WITHOUT ALL OF THE REQUESTED INFORMATION, FOC MAY BE UNABLE TO MAKE AN ACCURATE SUPPORT RECOMMENDATION. RETAIN A COPY OF THIS FORM AND ALL SUPPORTING DOCUMENTATION FOR YOUR OWN RECORDS. PAPERWORK WILL NOT BE RETURNED TO YOU.

I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.

Date

Signature

OVERNIGHT PARENTING TIME VERIFICATION

**** In order to complete the Income Review, you must complete this form. ****

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 child support, 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: (number of overnights per year)** _____**Father: (number of overnights per year)** _____

If someone other than the biological or adopted parents have custody of the children, then list the number of overnights spent with each parent.

Mother: _____/year

Father: _____/year

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

Date: _____

Signature

Case No. _____

Printed Name

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

FOC39NCP
820869

STATE OF MICHIGAN
17th JUDICIAL CIRCUIT
KENT COUNTY

CHILDCARE VERIFICATION

CASE NO.
2018000058

Friend of the Court address:

82 IONIA AVE NW, Ste 200, PO Box 351, GRAND RAPIDS, MICHIGAN 49501-035

Telephone Number:

(877) 543-2660

Email:

foc.mail@kentcountymi.gov

PARENT INFORMATION: Complete the top portion of this form and have your childcare provider complete the remainder. It is your responsibility to make sure the form is COMPLETELY filled out and returned along with your questionnaire.

Name _____

Name(s) and age(s) of child(ren) involved in this case _____

Are you receiving financial assistance for childcare from any Federal or State agency? [] Yes [] No
If yes, please state the agency and the amount you are receiving.

CHILDCARE PROVIDER INFORMATION: Please attach a schedule of your most recent childcare rates.

The childcare provider must complete the remainder of this form for the above named child(ren).

Name of provider		Address		
City	State	Zip Code	County	Telephone Number

- * What date did you begin providing childcare for the above named child(ren)? _____
- * How many weeks did you provide childcare for the above named child(ren) last year? _____
- * How many weeks have you provided childcare for the above named child(ren) this year? _____
- * How much were you paid last year (total) to provide childcare for the above named child(ren)? _____
- * How much have you been paid so far this year to provide childcare for the above named child(ren)? _____

SCHOOL YEAR RATES: # of weeks you provide childcare for the child(ren) during the school year: _____

Name and Age of Child	Avg. # of Hours/Week	Hourly Rate	Total Weekly Rate

SUMMER SEASON RATES: # of weeks you provide childcare for the child(ren) during the summer/vacation: _____

Name and Age of Child	Avg. # of Hours/Week	Hourly Rate	Total Weekly Rate

- * Do you require payment for services when the children are absent to guarantee a position in your center? Yes No
If yes, please explain: _____
- * Does a Federal or State agency assist the parent and contribute all or a portion of these childcare costs? Yes No
If yes, please provide the agency name and the amount, or the percentage, contributed: _____
- * Is there any "out of pocket" cost to the parent above what an agency pays? _____. If yes, \$ _____ / week

The above information is provided to enable the Friend of the Court to accurately report childcare costs in making a child support recommendation. I certify that the above information is true, accurate, and complete.

Date
FOC39CV

Signature of provider