

STATE OF MICHIGAN 9UI JUDICIAL CIRCUIT P.O.B COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address

221 F X BTI JHUPOTUSFFU+P.O.B NJ59957

Telephone no.

)727* 638.64: 8

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
Are you receiving financial assistance for child care from any federal or state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the name of the agency and the amount you are receiving.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Does a federal or state agency contribute all or a portion of these child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> 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			

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INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued)

87. Medical insurance company name, address, telephone no.	Policy number	Beginning date, if known
88. Dental insurance company name, address, telephone no.	Policy number	Beginning date, if known
89. Optical insurance company name, address, telephone no.	Policy number	Beginning date, if known
90. What dependent coverage is available to the other parent without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> 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 that the information in this questionnaire is 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.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 3)	CASE NO.
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? <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 federal I.R.S. tax return	
55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.		
<u>Reason</u>	<u>Estimated number of hours per week</u>	
<input type="checkbox"/> Work related	_____	
<input type="checkbox"/> Looking for employment	_____	
<input type="checkbox"/> 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
YOUR ADDITIONAL INFORMATION		
57. List any additional information that would be useful to the court in making a support recommendation.		
_____ _____		
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 number	66. Professional license, type, and no. 67. Cell phone 68. E-mail address
69. Sex <input type="checkbox"/> M <input type="checkbox"/> 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 all additional minor children he/she supports Birthdate Address		
_____ _____		
79. Is this party pregnant? a. When is the child due? b. Is the party in this case the biological parent of the expected child? 80. Is this parent married?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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 _____	Worker's 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)		Source of dependent benefit (mother, father, stepparent)
		SSI	Dependent benefit	

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)

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> High school graduate | <input type="checkbox"/> Trade school graduate |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Graduate degree |

48. Medical insurance company name, address, telephone no. Policy number Beginning date, if known

49. Dental insurance company name, address, telephone no. Policy number Beginning date, if known

50. Optical insurance company name, address, telephone no. Policy 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 (✓)
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STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)	CASE NO.
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Friend of the court address	Telephone no.
Plaintiff	v
Defendant	

Complete this form and sign on page 4.

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 <input type="checkbox"/> M <input type="checkbox"/> 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. Names of children in common with other parent in this case		Birthdate	Gender	Soc. sec. no.	Address
				No. of overnights you have w/ child annually	
22. Names of all additional minor children you support		Birthdate	Address		
23. Are you pregnant? a. When is the child due? b. Is the other party in this case the biological parent of the expected child?		24. Are you presently married?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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) s <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly				30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household	
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	
34. Second job		35. Employer			
36. Employer's address		City	State	Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) s <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> 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 earnings per pay period (earnings before taxes) s <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly					

STATE OF MICHIGAN 8TH JUDICIAL CIRCUIT IONIA COUNTY	MOTION REGARDING SUPPORT	CASE NO.
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Court address **110 E. Washington Street * Ionia Michigan 48846** Court telephone no. **(616) 527-5310**

Plaintiff's name, address, and telephone no. moving party

Defendant's name, address, and telephone no. moving party

Third party name, address, and telephone no. moving party

1. a. On _____ a judgment
Date
or order was entered regarding support.
 b. There is currently no order regarding support.

2. The plaintiff defendant is ordered to pay support of \$ _____ each _____
week, month, etc.
3. The plaintiff defendant is ordered to pay child care of \$ _____ each _____
week, month, etc.
4. The plaintiff defendant is ordered to pay health care of \$ _____ each _____
week, month, etc.

5. Conditions regarding support have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

6. _____ and I have agreed to support as follows:
Name
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

7. I ask the court to order that support be paid as follows: See 6. above for details.
Use a separate sheet to explain in detail what you want the court to order and attach.

_____ Date _____ Moving party's signature

NOTICE OF HEARING

A hearing will be held on this motion before Jessica K. Wierckz
Judge/Referee
on _____ at _____ at Friend of the Court * 110 E. Washington * Ionia MI 48846
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

NOTE: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to the last-known addresses as defined in MCR 3.203.

_____ Date _____ Moving party's signature



8th Judicial Circuit Court
Ionia County Friend of the Court

Jessica K. Wierckz
Friend of the Court
Circuit Court Referee

110 E. Washington Street
Ionia, Michigan 48846
Telephone (616) 527-5310
Fax (616) 527-5397

Debra L. Stoner
Conciliator • Mediator
Jeffrey A. Radike, LMSW
Assistant Friend of the Court
Evaluator
Rebecca J. Pilko, JD
Support Specialist • Conciliator

MOTION FEE NOTICE
CUSTODY, PARENTING TIME, CHANGE OF DOMICILE and/or CHILD SUPPORT

Effective October 1, 2004 a law, 2004 PA 205, went into effect which will establishes fees for entry of orders involving custody, parenting time, change of domicile, and support.

NOTICE: IT IS PREFERRED FEES BE PAID VIA MONEY ORDER; CASH OR CHECKS WILL ALSO BE ACCEPTED. These fees apply to ALL pre- and post- judgment actions including stipulations (agreements). Fees as noted below will be assessed when filing a motion or an agreement.

NOTICE: If you have retained an attorney (for any reason), you CANNOT file this or any motions on your own. You MUST contact your attorney to file your motion.

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

PA 205 requires a cost of \$100.00 filing and entry of these Orders.

The total will be \$100.00, payable via Cash, Check, or Money Order to the IONIA COUNTY CLERK'S OFFICE.

CHILD SUPPORT AND/OR RELATED PROVISION MOTIONS:

If the motion is ONLY for child support and/or related provisions, filing requires a cost of \$60.00 for filing and entry of these orders.

The total will be \$60.00, payable by Cash, Check or Money Order to the IONIA COUNTY CLERK'S OFFICE.

Your hearing will not be scheduled until payment is received.