MODIFICATION REVIEW REQUEST

	hereby request that the Friend of the Court conduct a review of the current order for child support in thi
case.	My current child support order is over three (3) years old.

APPLICATION FOR IV-D SERVICES

I hereby request Child Support Services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I understand that any information provided by me on my behalf is to be used only for the purpose of securing child support.

(Please Print)									
CASE NUMBER:									
PAYER'S NAME		PAYEE'	S NAME						
PHONE NO.		PHONE NO.							
STREET ADDRESS:		STREET ADDRESS:							
CITY, STATE & ZIP:		CITY, STATE & ZIP:							
PAYER'S EMPLOYER :		PAYEE'S EMPLOYER:							
STREET ADDRESS:		STREE	Γ ADDRESS:						
CITY, STATE & ZIP:		CITY, S	STATE & ZIP:						
NAME	<u>SEX</u>	RACE	BIRTHDATE	SOCIAL SECURITY NO.					
MOTHER:									
FATHER:									
THIRD PARTY:									
CHILDREN INVOLVED IN THIS CASE:									
1									
2									
3									
4									
SIGNED:			DATE:						

STATE OF MICHIGAN

CASE NO.

7th JUDICIAL C GENSEE CO		FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 1)								Ì	OAGL	. 110:		
Friend of the court address	40500												elephone	
1101 Beach Street, Flint, N	/II 48502				_							810	0-257-33(<i>)</i> 0
Plaintiff				v		Defendant								
Complete this form and si	gn on pag	e 4.		_	_									
YOUR GENERAL INFORM	ATION													
Your full name			2	2. Date	of b	oirth	3.	Place of	birth:	city and	d state			
4. Address		City	;	State		Zip	5.	Home tele	ephor	ne	6. W	ork tele	ephone	
7. Social security number	8. Driver's li	cense no.	9. Profes	ssional li	cens	e, type, and	no.	10. Ce	ll pho	ne	11.	E-mail	l address	
12. Sex 13. Eye color	14. Hair c	olor	15. Height	t '	16. V	Weight	17. F	Race	18	3. Scars,	, tattoo	s, etc.		
19. Your father's full name		l.		20. Your	r mot	ther's full ma	aiden na	me						
21. Names of children in common	with other par	ent in this c	ase Birtho	date G	end	er Soc. se	ec. no.	Address	No.	of overnig	ghts you	u have w	v/ child annu	ally
22. Names of all additional minor c	hildren you sı	upport	Birthd	late A	ddre	ess								
23. Are you pregnant? a. When is Yes No	the child due			n this cas No	se th	e biological p	parent of	the exped	ted c	hild? 24.	. Are yo		ently marrie	∌d?
YOUR INCOME, MEDICAL,	FDUCATI	ΟΝΔΙ Δ	ND HEAL	TH IN	SUI	RANCE IN	JFORM	ΙΔΤΙΩΝ]					
25. Your occupation	2500/(11	O11712,71				ployer (if un				employe	er)			
27. Employer's address		City			Sta	ate	Zip)	28.	Date hire	ed			
29. Gross earnings per pay period \$ weekly	(earnings be		☐ bimoi	nthly		monthly		. Filing sta	_	single			nts claimed	
31. Hourly pay rate (including shift and COLA)	premium	32. Tot		•	rked	per pay peri				erage over			for past 12	
34. Second job			;	35. Emp	oloye	er								
36. Employer's address		City			Sta	ate	Zip)	37.	Date hir	red			
38. Gross earnings per pay period \$	(earnings be		☐ bimoi	nthly		monthly	39. Ho	urly pay ra	- 1	40. Ave	-		orked per	
41. If unemployed and not receiving					bene	•	ng part-	time only,						
Name of last full-time employe	r				Ad	dress of last	full-time	e employe	r					
Position held at last place of fu	ıll-time emplo	yment			Las	st day emplo	yed full-	time						
Length of time employed in las	st full-time pos	sition			Re	ason for lea	ving last	full-time e	emplo	yment				
Gross earnings per pay period \$	(earnings bet		☐ bimoı	nthly		monthly								
⊔ Ψ □ WEERIY		UNIY			ш	111011111y								

STATE OF MICHIGAN
7th JUDICIAL CIRCUIT
GENESEE COUNTY

FRIEND OF THE COURT CASE QUESTIONNAIRE (Page 2)

CASE NO.

	GENESEE CO	UNTY		(Page 2)						
ΥO	UR INCOME, MEDICAL,	EDUCATIONAL	AND HEAL	TH INSURAI	NCE INFORMA	TION (continu	ed)			
	List MONTHLY income from all						<u> </u>			
	Commissions	Úr	nemp. Benefits		Nat'l. (Guard & Res. Drill	Pay			
	Bonuses	St	rike Pay			Services				
	Profit Sharing		JB Pay		Allowa	nce for Rent				
	Interest	Si	ck Benefits		Rental	Income				
	Dividends	W	orker's Comp.		Spous	al Support/Alimony	у			
	Annuities	Sc	oc. Sec. Benefits	i. <u> </u>		Disability Assistan				
	Pensions/Longevity	VA	A Benefits			•				
	Deferred Comp./IRA		sability Insurance	e	Supp.	Security Income S	SSI			
	Trust Funds		Benefits		Other	,				
43.	, , , , , , , , , , , , , , , , , , , ,	oort/alimony orders								
	If so, complete a. b. and c.		☐ No		es, as payer		s recipient			
	a. Amount of order (do not i	nclude arrearages)	b. Type o	of order/Case no	. C.	City, county, and	state			
44.	Do any of the children listed or	n item 21 and 22 re	ceive payments t	from the Social S	Security Administra	tion? Yes	□ N	lo		
	Child's	Amount	Type of be	nefit (check one)	Source of dep	pendent benefit			
	Name	(monthly)	SSI	Dependent b	penefit	(mother, fathe	er, stepparent)			
45.	5. 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									
46.	,			oility to work?						
	If yes, please explain medical	condition/restriction	i.		☐ Yes	s □ N	0			
47.	What is your educational back	ground? (Check or								
	Less than high school		High school	-		☐ Trade school	-			
	Associate's degree		Bachelor's	degree		Graduate deg	•			
48.	Medical insurance company na	ıme, address, telepl	none no.		Policy/Gro	up number	Beginning date	, if known		
49.	Dental insurance company nan	ne, address, telepho	one no.		Policy/Gro	up number	Beginning date	, if known		
50.	0. Optical insurance company name, address, telephone no. Policy/Group number Beginning date, if known									
	What dependent coverage is a		\square N	1edical	☐ Dental	☐ Optic	cal			
52.	What dependent coverage is a					— ·				
	☐ Medical pe		☐ Dental	pei	r	☐ Optical	per_			
53.	Individuals currently covered by Name	y your insurance	Birthd	late Re	elationship	Medical (√)	Dental (√) C	Optical (√)		

54. Do you If yes, o Name of Number	complete the following of child-care provider or of weeks provided or weekly child-care of federal or state age the reason(s) which ason work related provided in educational inprove employment reason for child care of educational institut	enses for the minor of ginformation. during last calendar years cost Amount ncy or a public or present all program to proportunities is education related, ion Total contents.	year nt of child-care rivate entity cone ed child care a Estimate , provide the foclassroom hours	Estimated number of the distribute all or a portion of the distribute all or a portion of the distribute of hours per allowing information.	en receiving child of the receiving child of the receiving child of the receiving child of the cost of child-cathours child care for week	care d care provi ax return re services?	
Number Number Current Does a 55. Check t Rea W Le in 56. If your r Name c YOUR AD 57. List any INFORMA 58. Full name	complete the following of child-care provider or of weeks provided or weekly child-care of federal or state age the reason(s) which ason work related provided in educational inprove employment reason for child care of educational institut	g information. during last calendar your sost Amount and program to a public or program to a pr	year nt of child-care rivate entity cone ed child care a Estimate , provide the foclassroom hours	Estimated number of the distribute all or a portion	en receiving child of the receiving child of the receiving child of the receiving child of the cost of child-cathours child care for week	care d care provi ax return re services?	Ided in this calendar year
Name of Number Current Does a 55. Check to Read to the Number Current Solve The Name of Nam	of child-care provider of child-care provider of weeks provided weekly child-care of federal or state age the reason(s) which ason for related ooking for employmen ordled in educational onprove employment reason for child care of educational institut	during last calendar your cost Amount or a public or properties and program to apportunities is education related, ion Total control or components or control or cont	rivate entity coned child care a Estimate	Estimated number credit received on last year antribute all or a portion of the control of the c	er of weeks of childr's federal I.R.S. the cost of child-calchours child care in week	d care provi ax return re services?	? If yes, please explain.
Number Current Does a 55. Check t Res In S6. If your r Name c YOUR AD 57. List any INFORMA 58. Full name	r of weeks provided of weekly child-care of federal or state age the reason(s) which ason for employment on the federal or state age the reason for child care of educational institute.	during last calendar your cost Amount or a public or properties and program to apportunities is education related, ion Total control opportunities.	rivate entity coned child care a Estimate	Estimated number credit received on last year antribute all or a portion of the control of the c	er of weeks of childr's federal I.R.S. the cost of child-calchours child care in week	d care provi ax return re services?	? If yes, please explain.
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Current Does a 55. Check t Rea W Lu E in 56. If your r Name c YOUR AD 57. List any INFORMA 58. Full nam	federal or state age the reason(s) which ason Vork related ooking for employment included in educational inprove employment reason for child care of educational institut	explain why you need that program to opportunities is education related, ion Total contents.	rivate entity coned child care a Estimate	credit received on last year ntribute all or a portion of the control of the con	r's federal I.R.S. to the cost of child-care hours child care in week	ax return	? If yes, please explain.
Does a 55. Check to Read to Manage of Section 1. Secti	federal or state age the reason(s) which ason Vork related ooking for employment nrolled in educational nprove employment reason for child care of educational institut	explain why you need that all program to opportunities is education related, ion Total control or the program to the program to opportunities of the program to the program to opportunities of the program to opportunities o	ed child care a Estimate , provide the fo	ntribute all or a portion of the number of hours per liberal number number of hours per liberal number of hours per liberal number number of hours per liberal number number of hours per liberal number numb	hours child care in week	re services?	for each.
55. Check to Rea W Lo In S6. If your r Name of YOUR AD 57. List any INFORMA 58. Full name	the reason(s) which ason Vork related ooking for employment reason for child care of educational institute.	explain why you need the second of the secon	ed child care a Estimate	nd estimate the number of ed number of hours pe	hours child care i		for each.
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Rea W Lo E in 56. If your r Name of YOUR AD 57. List any INFORMA 58. Full name	ASON Work related wooking for employment nrolled in educationan nprove employment reason for child care of educational institut	ent al program to apportunities is education related, ion Total c	Estimate	ed number of hours pe	r week	s received i	
56. If your r Name of YOUR AD 57. List any	Vork related ooking for employment in educational in prove employment reason for child care of educational institute.	opportunities is education related, ion Total c	, provide the fo	llowing information.			Projected graduation da
FORMA See Full name	ooking for employment in educational in educational inprove employment reason for child care of educational institute.	opportunities is education related, ion Total c	classroom hours		al goal		Projected graduation da
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YOUR AD 57. List any NFORMA 58. Full nam	of educational institut	DRMATION Total c	classroom hours		al goal		Projected graduation da
YOUR AD 57. List any NFORMA 58. Full nam	DDITIONAL INFO	DRMATION		s per week Educations	al goal		Projected graduation da
NFORMA 58. Full nam						1	
NFORMA 58. Full nam							
NFORMA 58. Full nam	additional information						
NFORMA 58. Full nam		on that would be use	eful to the court	in making a support recom	mendation.		
58. Full nam							
58. Full nam							
58. Full nam							
58. Full nam							
58. Full nam							
	TION REGARDI	NG THE OTHER	R PARENT I	N THIS CASE (if know	wn)		
61. Address	ne			59. Date of birth	60. Place of	birth: city a	and state
61. Address						•	
	.	City	State	Zip	62. Home teleph	none	63. Work telephone
		,			·		•
64. Social se	ecurity number	65. Driver's license	number 66. F	Professional license, type, a	ind no. 67. Cell	ohone	68. E-mail address
69. Sex	70. Eye color	71. Hair color	72. Hei	ight 73. Weight	74. Race	75. Sca	rs, tattoos, etc.
□ M □ F	-			9	1 11 11 11 11		,
76. Father's				77. Mother's full maiden	name		
78. Names o	of all additional mino	r children he/she sup	oports Birth	ndate Addre	SS		
79 le thie na							
Yes	arty pregnant? _ a. V	Vhen is the child due	e? h ls the na	rty in this case the biologica	I narent of the evo	ected child?	80. Is this parent ma

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

Zip

84. Date hired

86. Average overtime hours for past 12 months

State

City

81. Occupation

83. Employer's address

85. Gross earnings per pay period (earnings before taxes)

Approved, SCAO

FRIEND OF THE COURT STATE OF MICHIGAN CASE NO. 7th JUDICIAL CIRCUIT **CASE QUESTIONNAIRE GENESEE COUNTY** (Page 4) INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (continued) 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.) □ Dental □ □ Optical □ _ per_ per_ 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. oxdot I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act. 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
7th JUDICIAL CIRCUIT
GENESEE COUNTY

CHILD-CARE VERIFICATION

CASE NO.

Friend of the court address

Telephone no.

1101 Beach Street, Flint, MI 48502

810 257-3300

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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 Ra	tes	Average	No. of Hours/Week	Hourly Ra	te Total Weekly Rate			
Name and Age of Child	Summer Seaso	n Rates	Average	No. of Hours/Week	Hourly Ra	te 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 pub	lic or private entity co	ontribute a	ıll or a po	ortion of the cost of	child-care	e services? Yes No			
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									