

FRIEND OF THE COURT
Susan M. Borovich



ASSISTANT FRIEND OF THE COURT
M. Lynne Jakubiak

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285

CUSTODY AND/OR PARENTING TIME QUESTIONNAIRE

Respond to all questions using additional paper if necessary for your response. Bring the completed form with you at the time of your appointment, unless otherwise instructed. Your failure to complete this form, and any other form enclosed/forwarded to you, may result in your appointment being rescheduled. If you have any questions or need clarification, kindly contact Debra MacAlpine in the Friend of the Court office at (810) 985-2285.

YOUR NAME: _____ OTHER PARTY'S NAME _____

NAME OF YOUR ATTORNEY: _____

RESIDENTIAL HISTORY

How long have you lived at your present address? _____

Describe the home: Rental _____ Purchasing _____ Family _____

How many bedrooms _____ Type of neighborhood _____

If in present residence less than one (1) year, give all addresses and reasons for residential change(s) for the past three (3) years.

Who currently lives in your home? (List full names, ages and relationship to the child(ren) ie. Stepparent, grandparent, half-sibling, cousin, boy-girlfriend)

Give the directions to your current residence using the Friend of the Court Office as the point of origination.

EMPLOYMENT

What is your work schedule? (I.e. what days do you work, starting time, ending time, overtime, etc...)

Who cares for the child(ren) when you are working or out of the home?

Name: _____ AGE: _____

Phone Number: _____

Address: _____

RELIGION

Do you attend church? _____ How often: _____

Name of Church: _____

Do the minor children attend church? _____ How often: _____

With whom do/does the child(ren) attend church? _____

What is your religion _____ other parent _____

Specifically state what, if any, are the religious differences between the parents?

MARITAL HISTORY

TO WHOM (name)	DATE OF MARRIAGE (list present marriage first)	DATE AND PLACE OF DIVORCE/SEPARATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANSWER IF CURRENTLY MARRIED OR IN A LIVING-TOGETHER-RELATIONSHIP

Partner's full name _____ date of birth _____

Occupation _____ highest level education _____

Valid driver's license _____ any arrests _____ alcohol abuse _____ drug use _____

Names & ages of their child(ren) _____

What contact does that person have with their child(ren):

MISCELLANEOUS INFORMATION

Have you ever had an experienced a problem with substance abuse and/or drinking alcoholic beverages to excess?

How about the other parent and/or any other party involved in this case? (Be specific)

Have you ever been arrested? _____ If yes, give dates/details/convictions.

Are you currently on probation? _____ if yes, probation officer's name _____

Has the other party (or parties involved) ever been arrested? If yes, state dates/reasons/convictions/etc.

Other parent on probation? _____ if yes, probation officer's name _____

Do you have a valid driver's license? _____ If not, please explain.

Does other parent have valid driver's license?

Describe any traffic violations for yourself.

Have you ever participated in counseling? _____ If yes, list counselor's name, agency, address and dates of counseling.

Has there been counseling for the other parent? _____ If yes, identify who had counseling and with what counselor.

Has there been counseling for the minor child(ren)? _____ If yes, state who, the agency and address of agency.

Do you feel you have any emotional problems? _____ If yes, explain/specify.

Do you feel the other parent has emotional problems? _____ If yes, be specify/explain.

Do you feel your child(ren) have any emotional problems? _____ If yes, explain/specify.

Do you have any physical health problems? _____ If yes, explain. State all doctors' name(s) and addresses if you are currently under care.

List all prescription medications you are currently taking.

Does the other parent or minor child(ren) have any health problems? If yes, specify and include diagnosis, doctor name, address for doctor and any prescriptions.

Do you feel that you and the other parent can share joint legal custody of the minor child(ren) wherein, as parents, both parents participate in major decision making for the child(ren) in matters relating to education, medical needs, religion, etc...? YES _____ NO _____ If not, why not?

INFORMATION ABOUT MINOR CHILD(REN)

Child's name	School	Teacher	Grade
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(Write the full name and address of school(s) on back of this page)

Is the child or children experiencing any problems in school? _____ If yes, please describe.

Describe the child(ren)'s school activities, interests and hobbies.

GENERAL INFORMATION

What is the reason that you are interviewing at the Friend of the Court?

Is there a disagreement between the parents as to whom and/or with whom the child(ren) will live? If yes, meaning disagreement, please specify the reason(s) why custody is being disputed.

How may the custody dispute be resolved without court action or involvement?

(Answer the following questions if your divorce is **NOT** yet final and/or has only been final for one year or less) If not applicable continue on after stated questions.

- When did you meet the other spouse (age, dates, etc...)
- Length of courtship prior to marriage.
- Where there any special circumstances surrounding the marriage?
- Why did you marry?
- What attracted you to your spouse?
- How did the child(ren) come about? (Planned, unplanned, etc...)
- Describe where you lived during the marriage.
- Describe your work history during the marriage.
- Describe the work history of the other parent during marriage.

If above not applicable to your case, continue on with next question

Describe your family history: Your relationship with parents, siblings, alcoholism, drug use/abuse, physical abuse, sexual abuse, etc...

Describe the family history of the other parent: Their relationship with parents, siblings, alcoholism, drug use/abuse, physical abuse, sexual abuse, etc...

Describe your relationship with the child(ren). (Shared activities; how love and affection are expressed, ECT...)

Describe the other parent's relationship with the child(ren) per above.

Describe the day to day care taking of the child(ren) while the parents (you and the child(ren)'s other parent) resided in the same home with the child(ren): (Use: Mom, Dad or Both)

Breakfast _____ Lunch _____

Dinner/Supper _____ Bathing _____

Grocery Shopping _____ Laundry _____

House Cleaning _____ Putting child(ren) to bed _____

Attends school functions _____ Attends sports/social functions _____

Arranges for babysitters _____ Meeting child(ren)'s friends _____

Set and enforce bedtime _____ Set and enforce curfew _____

Get child(ren) ready for school _____ Help child(ren) with homework _____

Take Child(ren) to Doctors and Dentist _____ Transport child(ren) to activities _____

Talks to child(ren) about sex _____ Drugs _____ Alcohol _____

Who does the child talk to when: Sad _____ Angry _____ Scared _____ Happy _____

How do you discipline?

How does the other parent discipline?

How is the child(ren) rewarded for good behavior?

How does the other parent reward good behavior?

What are your faults/weaknesses as a parent?

What are your strengths (or positive qualities) as a parent?

What are the other parent's strengths (positive qualities) as a parent?

What are the other parent's faults/weaknesses as a parent?

Include any additional information your parenting or the other parent's parenting below. Be specific.

BOTH PARENTS ANSWER THE FOLLOWING:

Has there been any Protective Services involvement with your family? If yes, explain why Protective Services became involved.

Name of your caseworker at Protective Services _____

Is this agency still involved with the family?

Describe any and all domestic violence during the marriage and/or relationship. Be specific.

What law enforcement agency involved?

Describe any domestic violence the child(ren) have been exposed to, witnessed or been a victim.

CUSTODIAL PARENT ANSWER THE FOLLOWING

How often does the other parent visit with the child(ren)?

What was the date of the last visit?

Do you have objections to parenting time (visitation)? If yes, state specific objections:

NON-CUSTODIAL PARENT ANSWER THE FOLLOWING

When was your last visit with the child(ren)?

How often do you spend time with the child(ren)?

BOTH PARENTS ANSWER

Specify what, if any, problems with parenting time (visitation)?

What parenting time schedule do you propose?

What changes would you propose to parenting time?

BOTH PARENTS ANSWER THE FOLLOWING

Does the child or children have any special educational, medical or emotional needs? If yes, be specific and provide doctor or counselor statement.

How would you describe the effect of the divorce and/or custody action on the child(ren)?

How may you make the divorce/separation process easier for your child(ren)?

What does the term 'custody' mean to you?

Specifically state the reasons you feel the child(ren) should live with you in your home?

Specifically state the reasons you feel the child(ren) should not live with the other parent.

Include any other information you wish to have taken into consideration.

I, hereby acknowledge that the answers contained herein (and/or attached hereto) are true to the best of my knowledge and belief.

Signature _____ Date _____

Acknowledge: I request child support services available under title IV-D of the Social Security Act [] YES (enforcement, locator, future modifications). Answering, "YES" allows St. Clair County Friend of the Court to qualify for Federal funding. Please check the box.

Friend of the Court address
201 MCMORRAN BLVD., PORT HURON, MICHIGAN 48060

Telephone no
(810) 985-2285

Plaintiff name

Defendant name

v

GENERAL INFORMATION

1. Your full name (first, middle, & last)			2. Date of birth		3. Place of birth: City and State		
4. Address			City		State	Zip	5. Home telephone
6. Social security number				7. Driver license number		8. Work telephone	
9. Sex ___M ___F	10. Eye color	11. Hair color	12. Height	13. Weight	14. Race	15. Scars, tatoos, etc.	
16. Your father's full name				17. Your mother's full maiden name			
18. Names of all of your dependent children			Birthdate	Soc. Sec. No.		Address	
19. Are you or the other parent in this case pregnant? ___Yes ___No If yes, complete a. and b. below.							
a. When is the child due?			b. Are the parties in this case the biological parents of the expected child? ___Yes ___No				

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

20. Full name (first, middle, & last)			21. Date of birth		22. Place of birth: City and State		
23. Address			City		State	Zip	24. Home telephone
25. Social security number				26. Driver license number		27. Work telephone	
28. Sex	29. Eye color	30. Hair color	31. Height	32. Weight	33. Race	34. Scars, tattoos, etc.	
35. Father's full name				36. Mother's full maiden name			
37. Names of all the other parent's dependent children			Birthdate	Soc. Sec. No.		Address	

INCOME INFORMATION

38. Your occupation		39. Your employer (if unemployed, name of last employer)		
40. Employer's address		City	State	Zip
41. Date hired				
42. Gross earnings per pay period (earnings before taxes) \$ ___ weekly ___ bi-weekly ___ bi-monthly ___ monthly		43. Social security number		
44. Hourly pay rate (including shift premium and COLA)		45. Total regular hours worked per pay period		46. Avg. overtime hours for past 12 months
47. Second Job		48. Employer		
49. Employer's address		City	State	Zip
50. Date hired				
51. Gross earnings per pay period (earnings before taxes) \$ ___ weekly ___ bi-weekly ___ bi-monthly ___ monthly		52. Hourly pay rate		53. Avg. of hours worked per pay period since hire date
54. List MONTHLY income from all other sources, such as:				
Commissions		Social Security Benefits		
Bonuses		V.A. Benefits		
Profit Sharing		Disability Insurance		
Interest		G.I. Benefits		
Dividends		Nat'l Guard & Res. Drill Pay		
Annuities		Armed Services		
Pensions/Longevity		Allowance for Rent		
Deferred Compensation/IRA		Rental Income		
Trust Funds		Spousal Support/Alimony		
Unemployment Benefits		General Assistance		
Strike Pay		AFDC		
SUB Pay		Supplemental Security Income SSI		
Sick Benefits		Other		
Workers Compensation				
55. Do you have any other alimony or child support order ___ No ___ Yes, as payer ___ Yes, as recipient If so, complete a. b. and c.				
a. Amount of order (do not include arrearages)		b. Type of order/Case No		c. City, County and State
56. Do you provide the sole support for stepchildren residing in your home because support is unavailable from <u>both</u> natural/adoptive parents? ___ No ___ Yes ___ If Yes, how many stepchildren do you support? If yes, state the reason the stepchildren's mother is unable to provide support: If yes, state the reason the stepchildren's father is unable to provide support:				
57. Do any of the children listed on item 18 receive payments from the Social Security Administration? ___ Yes ___ No				
Child's Name	Amount (monthly)	Type of benefit SSI	(check one) Dependent Benefit	Source of dependent benefit (Mother, Father, Stepparent)
58. Attach your 4 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				

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INCOME INFORMATION OF OTHER PARENT IN THIS CASE (if known)

59. Occupation	60. Employer (if unemployed, name of last employer)
61. Employer's address City State Zip	62. Hourly pay rate (including shift premium and
63. Gross earnings per pay period (earnings before taxes)	64. Average overtime hours for past 12 months

HEALTH CARE INFORMATION

65. Medical Insurance company name, address, telephone no.	Policy number	Beginning date, if known
66. Dental Insurance company name, address, telephone no.	Policy number	Beginning date, if known
67. Optical Insurance company name, address, telephone no.	Policy number	Beginning date, if known

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

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

70. Individuals currently covered by your insurance

Name	Date	Relationship	Medical (X)	Dental (X)	Optical (X)

CHILD CARE INFORMATION

71. Do you have child care expenses for the minor children in this domestic relations case during any time of the year?
 If yes, complete the following information: Yes No

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

72. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.

Reason	Estimate number of hours per week
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Looking for employment	_____
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____

73. If your reason for child care is educational related, provide the following information:

Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation Date
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STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 4	CASE NO.
INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT		
74. 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) \$ _____ weekly _____ bi-weekly _____ bi-monthly _____ monthly		
75. do you have any medical conditions/restrictions that affect your ability to work? _____ Yes _____ No		
If yes, please explain medical condition/restriction:		
75. 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"/> Associates Degree	
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree	

I REQUEST CHILD SUPPORT SERVICES AVAILABLE UNDER TITLE IV-D OF THE SOCIAL SECURITY ACT/

ALL SERVICES LOCATE ONLY ALL SERVICES EXCEPT MEDICAL SUPPORT SERVICES

I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances, which may affect support action in my case.

Applicant's Signature (Required)

Date

Health/Dental Insurance Information

Your Name _____ Other parent's name _____

Provide the following information as it pertains to health/dental/optical insurance for yourself and the minor child(ren). You must provide the information if you have the child(ren) covered under a policy provided by your employer, paid for by you or provided through your spouse. If you are not covered but there is coverage available to you through your employment, you must get that information and provide it to the Friend of the Court. Attach the request information from your employer and/or policy to this sheet, complete and return along with all other informational sheets as directed on your appointment letter. Thank you.

**Do you have insurance: yes _____ no _____

Name of Company: _____

Policy Number _____

Name all persons covered by the policy & their ages: _____

Provided by employer at no cost to you _____

Provided through employer at cost to you _____ monthly cost \$ _____

Provided through policy you pay for _____ monthly cost \$ _____

Provide/covered by your spouse _____ monthly cost \$ _____

(provide copies to paystubs/employer letter to verify costs of policy)

**If you do not have insurance on the minor child(ren), state the reason(s) why you do not: _____

**If the child(ren) are covered by insurance, who is providing the insurance coverage?

Who pays for the policy _____ Monthly cost \$ _____

**If you have insurance available through your employment but do not have the child(ren) covered, get a statement from your employer/spouse's employer regarding available insurance, who may be covered and at what costs. Also, provide the following information:

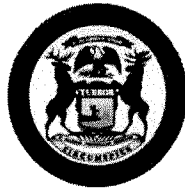
Monthly insurance cost for you to be covered \$ _____ child(ren) \$ _____

**State the names, date of births and relationship to you of any other child(ren) NOT ON THIS CASE that you are providing insurance for and at what monthly costs to you for the coverage.

Sign: _____ date _____

Attn: D. MacAlpine

FRIEND OF THE COURT
Susan M. Borovich



ASSISTANT FRIEND OF THE COURT
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ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
201 McMorran Blvd., Room 1600
Port Huron, Michigan 48060
Phone (810) 985-2285

YOUR NAME: _____ OTHER PARTY'S NAME _____

Please give below the names and complete address of three (3) individuals who would complete a parenting-character reference on your behalf. These individuals may be friends, neighbors, babysitters or family members. Please name individuals who know your relationship with the child(ren). Please note that the references are **NOT** confidential. Please note you are only allowed three (3) references. (Do not state spouses/living together partners as they may be interviewed during the investigation.) Return this completed form by the date indicated on your appointment letter. Thank you.

1. NAME: _____

RELATIONSHIP TO CHILD(REN): _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

2. NAME: _____

RELATIONSHIP TO CHILD(REN): _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

3. NAME: _____

RELATIONSHIP TO CHILD(REN): _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

DIRECT TO: DLM