

FRIEND OF THE COURT
Rena Topolewski



DEPUTY FRIEND OF THE COURT
Ronald J. Kaski

ST. CLAIR COUNTY FRIEND OF THE COURT

31st Judicial Circuit
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<http://www.stclaircounty.org/offices/14>

RESOLUTION CONFERENCE QUESTIONNAIRE

RETURN THIS FORM: 7 DAYS PRIOR TO YOUR RESOLUTION CONFERENCE

Your Name _____	Other Parent's Name _____
Address _____	Address _____
_____ City, State, Zip Code	_____ City, State, Zip Code
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____
Work Phone # _____	Work Phone # _____
Email Address _____	Email Address _____
Driver's License # _____	Driver's License # _____

List all children of the parties with their dates of birth and social security numbers:

CHILD'S FULL NAME	DATE OF BIRTH	ANTICIPATED YEAR OF GRADUATION	SOCIAL SECURITY NUMBER

In developing a mutual parenting time plan, parents are expected to communicate and cooperate for the benefit of their children. Your primary objective at the Resolution Conference will be completing a plan that is in the best interest of the children. Please take into consideration your children's age, temperament, attachment to each parent, special needs, their relationships with siblings and friends, their extra-curricular activities and the work schedule for each parent. Be as specific as possible. This questionnaire is to be returned with all other information as directed in the Order to Appear for Resolution Conference.

Please note the date of your Resolution Conference: _____

PROPOSED WEEKLY PARENTING TIME: These are times during the weekdays from Monday morning at 8:00 am to Friday evening at 6pm. Please consider school schedules, works schedules and activities.

Mother:

Father:

WEEKEND PARENTING TIME: These are times from Friday at 6:00 pm to Sunday 6:00 pm. You may agree to extend the weekend schedule until Monday 8:00am.

Mother:

Father:

SUMMER PARENTING TIME: This is the summer break schedule followed by the school that the children attend. This period begins the day school recess begins and ends the night before school resumes.

Mother:

Father:

HOLIDAY PARENTING TIME: Holidays recognized are Easter/Spring Break, Mother's Day, Memorial Day, Father's Day, July 4th, Labor Day, Thanksgiving and Christmas Break.

Mother:

Father:

OTHER: You may include any other parenting times or provisions that you believe will be in the best interest of your child(ren). This may include issues of transportation, school, extra-curricular activities, telephone contact, etc.

OTHER Continued:

WORK SCHEDULE: What is your work schedule? Please list your starting time and ending time.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

The Court must consider the following:

Have you or the other party ever been charged with Domestic Violence? ☐ YES ☐ NO (if yes explain below)

Have you or the other party ever been granted or served a Personal Protection Order? ☐ YES ☐ NO (if yes explain below)

Have you or the other party ever been investigated by Protective Services? ☐ YES ☐ NO (if yes explain below)

Is Protective Services currently involved with your family? ☐ YES ☐ NO (if yes explain below)

FINANCIAL: At least 7 days prior to your Resolution Conference, please return copies of the following items along with this questionnaire.

1. **Your W-2 or 1099 form for the prior year.**
2. **Your last 3 paystubs.**
3. **If self-employed; copies of the last three years of income tax returns or a three-year certified statement of earnings from an accountant.**
4. **If you are unemployed, proof of your unemployment benefits.**
5. **If you have medical/mental disabilities preventing you from working, verification from Physician and/or Award Letter for Social Security Disability or SSI.**
6. **If you are claiming child care costs, please submit written verification signed by your child care provider. Including the rate for the school year and rate for the summer months.**

ABOUT YOU:Marital Status on Tax Returns: ☐ Married ☐ Single ☐ Head Of Household**CURRENT EMPLOYMENT:**

Business name: _____ Position held: _____ Start date: _____

Address (City, State, Zip) _____ Phone # _____

Gross income (before deductions) per pay period \$ _____ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly

Union dues \$ _____ per month. Mandatory retirement \$ _____ per month

Specify any other mandatory withholdings: _____ \$ _____ per month

2ND JOB:

Business name: _____ Position held: _____ Start date: _____

Gross per pay period \$ _____ ☐ weekly ☐ biweekly ☐ bi-monthly ☐ monthly**UNEMPLOYED:**

Last employer name: _____ Position held: _____ Pay rate: _____

Start date: _____ End date: _____ Current unemployment benefits? ☐ Yes ☐ No If yes, how much: _____ /wk

Other source of income (i.e. SSI, SSD, Rental Income, etc) _____ Amount \$ _____ per month

Are you now receiving food stamps? _____ Medicaid? _____ TANF grant? _____

Total amount you pay per month for health insurance \$ _____ or ☐ Paid by employer

How many persons are covered by this policy [total number of adult(s) and children] _____

First and last name and dates of birth of any other biological or legally adopted children (not step-children):

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

List any other child support cases you have below:

County	Name/Docket Number	Monthly Obligation

Do you have child care expenses for the minor child(ren) in this case during the year ☐ Yes ☐ No

Name(s) of child(ren) in daycare: _____

Daycare Provider: _____

*List your expenses below to reflect the school year or if the minor child(ren) is not yet in school:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

*List your child care expenses below for the minor child(ren) during the summer vacation:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

ABOUT THE OTHER PARTY:

Employer Name: _____ Occupation: _____

Estimated Annual Income: \$ _____ Other Source of Income: _____ Amount: \$ _____

I, hereby acknowledge that the answers contained herein (and/or documentation attached hereto) are true to the best of my knowledge and belief. Further, by signing below, you are requesting child support services under title IV-D of the Social Security Act

Your Signature: _____ Date _____

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC RELATIONS JUDGMENT INFORMATION <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL	CASE NO. and JUDGE
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Friend of the court address

Telephone no.

USE NOTE: Complete this form and file it with the friend of the court when the first temporary custody, parenting-time, or support order is entered and when submitting any final proposed judgment awarding custody, parenting time, or support. Mail a copy to each party and file proof of mailing with the court (may use form MC 302, Proof of Mailing).

The information previously provided ☐ is changed. ☐ is unchanged. (Complete only the fields that have changed.)

Date

Signature

Plaintiff Information**Defendant Information**

Name		Name	
Address		Address	
Social security number	Telephone number	Social security number	Telephone number
E-mail address		E-mail address	
Employer name, address, telephone number, and FEIN (if known)		Employer name, address, telephone number, and FEIN (if known)	
Driver's license number and state		Driver's license number and state	
Occupational license number(s), type(s), issuing state(s), and date(s)		Occupational license number(s), type(s), issuing state(s), and date(s)	

CUSTODY PROVISIONS

sole, plaintiff = P sole, defendant = D joint = J other = O

(must identify)

Child's name	Social security number	Date of birth	Physical custody P, D, J, O	Child's primary residence address	Legal custody P, D, J, O

SUPPORT PROVISIONS

☐ Support provisions are stated in the Uniform Support Order.

MEDICAL SUPPORT PROVISIONS: List the name of each insurance provider for the plaintiff and the defendant. Then enter the name of each child in this case who is covered by that provider and the type of coverage provided.

Plaintiff's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

Defendant's Insurance Coverage

Provider name and address	Policy/Group no.	Cert. no.	Child(ren)'s name(s)	Medical	Dental	Optical	Other

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	VERIFIED STATEMENT	CASE NO. and JUDGE
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Friend of the court address

Telephone no.

Information about you:							
1. Last name		First name		Middle name		2. Any other names by which you have been known	
3. Date of birth		4. Social security number			5. Driver's license number and state		
6. Mailing address and residence address (if different)							
7. E-mail address							
8. Eye color	9. Hair color	10. Height	11. Weight	12. Race	13. Gender	14. Scars, tattoos, etc.	
15. Mobile telephone no.		16. Home telephone no.		17. Work telephone no.		18. Occupation	
19. Business/Employer's name and address						20. Gross weekly income	
21. Did you apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No							
22. Any other country(ies) of citizenship:			23. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

Information about the other parent in this case:							
24. Last name		First name		Middle name		25. Any other names by which parent has been known	
26. Date of birth		27. Social security number			28. Driver's license number and state		
29. Mailing address and residence address (if different)							
30. E-mail address							
31. Eye color	32. Hair color	33. Height	34. Weight	35. Race	36. Gender	37. Scars, tattoos, etc.	
38. Mobile telephone no.		39. Home telephone no.		40. Work telephone no.		41. Occupation	
42. Business/Employer's name and address						43. Gross weekly income	
44. Did this parent apply for or receive public assistance? If yes, please specify kind and case number. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure							
45. Any other country(ies) of citizenship:			46. Foreign/international identifying number(s) and source(s) (driver's license, passport, social/tax no., etc.)				

Information about the minor child(ren):					
47. a. Name and sex of minor child in case	M/F	b. Birth date	c. Age	d. Soc. sec. no.	e. Residential address

48. a. Name and sex of other minor child of either party	M/F	b. Birth date	c. Age	d. Residential address

49. Health care coverage available for each minor child			
a. Name of minor child	b. Name of policy holder	c. Name of insurance Co./HMO	d. Policy/Certificate/Contract/Group No.

50. Name(s) and address(es) of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

You are required to notify friend of the court, in writing, if any of your public assistance information changes before your judgment is entered. If you want child support services, complete form DHS-1201D. DHS-1201D is available online at <https://www.courts.michigan.gov/49752a/siteassets/forms/scao-approved/dhs1201d.pdf>. Or you may request a copy from your local friend of the court office.

APPLICATION FOR IV-D CHILD SUPPORT SERVICES

(For Privately Filed Domestic Relations Cases Only)

State of Michigan
Friend of the Court

FOR OFFICE USE ONLY

App Request
Date

App Returned
Date

IV-D Case
Number

Instructions: This is an application for IV-D child support services, and is intended only for parents filing a domestic relations case (divorce, annulment, separate maintenance, paternity, or custody) on their own or through their own attorney. This form is not intended for people without children or those who are not a party to a domestic relations case. This application is designed to be used with a Verified Statement, Judgment Information Form, or other similar court form.

AUTHORITY: 45 Code of Federal Regulations 302.33. **Completion of this application for IV-D child support services is voluntary.**

Domestic Relations Filing/Docket Number (if available)

Who does the child(ren) live with most of the time? (This information is used for administrative purposes only and has no impact on any pending custody hearings.)

What is your relationship to the child(ren) for whom you are applying for child support services?

☐ Mother ☐ Father

☐ Mother ☐ Father ☐ Both

A. Mother's Information

Mother's Name (First, Middle, Last)

Mother's Social Security Number

Mother's Mailing Address (Street, City, State, Zip Code)

Mother's Telephone Number

B. Father's Information

Father's Name (First, Middle, Last, Suffix)

Father's Social Security Number

Father's Mailing Address (Street, City, State, Zip Code)

Father's Telephone Number

C. Family Violence Disclosure

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child(ren). If yes, additional information will be requested by Friend of the Court staff.

☐ Yes ☐ No

D. Acknowledgement for Child Support Recipient

If I am sent money in error or overpaid, the Michigan IV-D child support program will take action to correct this error. By checking the "yes" box below, I give the IV-D program permission to pay back the error or overpayment by keeping 25% (or otherwise as directed below) from my future child support payments. If I later change my mind, I must contact the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D child support services.

☐ Yes (Check one if different than 25%) ☐ 10% ☐ 50%

☐ No, please contact me before you try to recover an amount from my support payments.

E. Acknowledgement for Applicant

I understand that I must provide my Social Security number pursuant to the Social Security Act, 42 USC 66(a)(13), in order for Michigan's child support program to provide services.

I have received or have had an opportunity to review a copy of DHS-Pub-748, *Understanding Child Support: A Handbook for Parents*, at www.michigan.gov/childsupport in the Popular Forms section. I understand that I can also ask for a printed copy from the Friend of the Court.

I request child support services available under Title IV-D of the Social Security Act for the child(ren) listed in my domestic relations court filing (refer to DHS-Pub-748 for a list of available services).

Applicant or Attorney of Record Signature (Signature is required)

Applicant or Attorney of Record Printed Name

Date

If signed by an attorney, (s)he is acting on behalf of

Printed Name (Required)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Return this completed application to your local Friend of the Court Office.