STATE OF MICHIGAN COUNTY OF ALLEGAN 48th CIRCUIT COURT – FAMILY DIVISION	**FINANCIAL STATEMENT**	**CASE NO.**

1. In the matter of
(name(s), alias(es), DOB)

PERSONAL & EMPLOYMENT INFORMATION

1. Name of Father	2. Date of birth	3. Soc. sec. no.	9. Name of Mother	10 Date of birth	11. Soc. sec. no.
4. Employer's name		5. Length of employment	12. Employer's name		13. Length of employment
6. Employer's address			14. Employer's address		
7. Gross pay $ per (attach W-2)			15. Gross pay $ per (attach W-2)		
8. Driver's License No.			16. Driver's License No.		

17. Do you have any medical conditions/restrictions that affect your ability to work? Yes No.
If yes, please explain medical condition/restriction:

18. a) Home address:
b) Email Address:
19. Telephone no.

20. Marital status
single
married
separated
divorced

21. Names and ages of dependents residing with petitioner

22. Names, ages, and relationships of all other people living in the home.

HEALTH CARE INFORMATION

23. Medical Insurance company name — Policy number — Beginning date, if known

24. Dental Insurance company name — Policy number — Beginning date, if known

25. Optical Insurance company name — Policy number — Beginning date, if known

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

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

28. Individuals currently covered by your insurance

Name	Birth date	Relationship	Medical (✓)	Dental (✓)	Optical (✓)

29. **OTHER INCOME** List below all other income, including

SOURCE OF INCOME		
OVERTIME	$	Per
COMMISSIONS/BONUSES	$	Per
TIPS	$	Per
PUBLIC ASSISTANCE	$	Per
UNEMPLOYMENT	$	Per
VETERAN'S BENEFITS	$	Per
SOCIAL SECURITY	$	Per
PENSIONS	$	Per
WORKER'S COMP	$	Per

PLEASE CONTINUE ON OTHER SIDE

DISABILITY	$	Per
INTEREST	$	Per
DIVIDENDS	$	Per
RENT	$	Per
ADOPTION SUBSIDY	$	Per
TRUST FUND	$	Per

30. Do any of the children listed above receive payments from the Social Security Administration? Yes No

Child's Name	Amount (monthly)	Type of benefit (check one) SSI	Type of benefit (check one) Dependent benefit	Source of dependent benefit (Mother, Father, Step-parent)

31. **PROPERTY**

REAL ESTATE

Purchase price	Current Value	Loan Balance	Payments

MOTOR VEHICLES

Year	Make	Loan Balance	Payments

32. **ASSETS** (other than real estate and motor vehicles)
List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bond posted, etc.

	BALANCE	INSTITUTION NAME
Checking/Draft		
Savings		
Credit Union		

ASSET	VALUE
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

33. Are you paying or receiving child support for any minor children: no yes. If yes, through what County is the support order issued: _____

Amount $ _____ per _____

Name of the child/children whom you are paying/receiving support for _____

_____

34. Attach a copy of last year's Federal Income Tax Return.

I declare that this financial statement has been examined by me and that the contents are true to the best of my information, knowledge, and belief. I further authorize the release of any information needed to verify this statement or any other information needed to verify my financial affairs.

A person who knowingly makes a false declaration under MCR 5.114(b) is in contempt of court.

_____ _____ _____
Date Signature Relationship to child(ren)

_____ _____ _____
Date Signature Relationship to child(ren)

FOR COURT USE ONLY

REVIEW AND RECOMMENDATIONS:

_____
Signature