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)

	A bloom of Cathon		2 Date of birth	1 2 600 000 00	9. Name of Mother	10 Data of high	11 \$20 200 20						
	Name of Father		2. Date of birth	3. Soc. sec. no.	9. Name of Mother	10 Date of birth	11. Soc. sec. no.						
S N	4. Employer's name		agas of demonstrates and adopted in the forested higher the accommendable in the sea by the	5. Length of employment	12. Employer's name		13. Length of employment						
ΑŢ	6. Employer's address			1	14. Employer's address								
Z Z													
NFO	7. Gross pay \$		per	(attach W-2)	15. Gross pay \$	per	(attach W-2)						
E	8. Driver's License No.	Oriver's License No. 16. Driver's License No.											
EMPLOYMENT INFORMATION	17. Do you have any medical conditions/restrictions that affect your ability to work? If yes, please explain medical condition/restriction:												
Z Z	18. a) Home address:	19. Telephone no.											
∞ ∞	b) Email Address:												
A	20. Marital status	21. Names and ages of dependents residing with petitioner											
Single single													
20. Marital status single married separated 21. Names and ages of dependents residing with petitioner 22. Names, ages, and relationships of all other people living in the home.													
HE	divorced ALTH CARE INFOR	MATION											
	Medical Insurance compar				Policy number		Beginning date, if known						
24. 1	Dental Insurance company	name			Policy number		Beginning date, if known						
25. (Optical Insurance compan	y name	L-2.		Policy number		Beginning date, if known						
	What dependent coverage			Medical	Dental	Optical							
27. \	What dependent coverage Medical \$	is available by pa	yment of an addition Dental \$	al premium? (Specify cost	per pay period) Optical \$								
28.	Individuals currently covered by your insurance		nce	Ph.1.17		/ / / / / / / / / / / / / / / / / / /	Ostical / O						
			Birth date	Relationship	Medical (✓) Dental (✓)	Optical (✓)						
							THE STEEL STATE OF THE STATE OF						
													
													
	1 a d a d a d a d a d a d a d a d a d a	000-000 pm 00000-0000-0000-000-000-0000-0					His IV as 10 and perhalic to models and before the HIS 1000000 of the HIS of the procedure has the first bank on						
29. OTHER INCOME List below all other income, including SOURCE OF INCOME													
OVE	OVERTIME					Per							
COMMISSIONS/BONUSES			\$	······································		Per							
TIPS			\$			Per							
PUB	PUBLIC ASSISTANCE					Per							
UNEMPLOYMENT			\$			Per							
VETERAN'S BENEFITS			\$			Per							
SOCIAL SECURITY			\$			Per							
PEN	PENSIONS					Per							
WORKER'S COMP						Per	eministration no em sem un timo a un acusta en en ancias sas sa en se se en en eministra por enfore (pr) el 1 el 40 foto million (400 foto grafia gas						
PLEASE CONTINUE ON OTHER SIDE													

DISABILITY	***************************************		¢					Doc				
DISABILITY \$ INTEREST \$								Per				
								Per				
DIVIDENDS			\$					Per				
RENT			\$					Per				
ADOPTION SUBS	SIDY		\$					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 Type monthly) SSI				of benefit (check one) Dependent benefit		Source of dependent benefit (Mother, Father, Step-parent)			
						-						
31. PROPER	ΓY	REAL ESTATE						MOTOR VEHICLES				
Purchase price	Current Value	Loan Balance	Payment	te		Year	Mai		Loan Balance	Payments		
	1	1	T		F	1001	iviai		Luan Dalance	Fayments	1	
					-							
					-						_	
					L]	
22 ASSETS	other than real estate	and motor vahidan									ette tiet teet teet teet teet teet teet	
List all other	assets below, including	: checking and savings	accounts, stocks, t	oonds, insur	ance o	cash value	e, IRA's, deferred	compens	ation, retirement funds, bor	nd posted, etc.		
	BALANCE	INSTITUTION N	ME		ne te etter ette ette ette ette ette ett	T	ASSE	T		VALUE		
No. of the latest to proceed to the latest t										\$		
Checking/Draft			***************************************	***************************************						\$		
Savings										\$		
Credit Union												
renda in												
A Water Control of the Control of th									\$			
										\$		
33. Are you payin	ig or receiving child su	oport for any minor child	lren: no	yes. If yes,	throug	gh what C	ounty is the supp	ort order	issued:			
o de la composition della comp								Ar	mount \$	per		
Name of the ci	hild/children whom you	are paying/receiving s	upport for									
ompana												
Partition of the Control of the Cont										,		
	34	4. Attach a	copy of I	ast ve	ar'	's Fe	deral Ind	come	Tax Return.			
I réantara mai it						***************************************				***************************************		
needed to verif	y this statement or any	other information need	ed to verify my fina	ncial affairs	ue to t -	ine best o	t my intormation,	knowledg	e, and belief. I further auth	orize the release of any	information	
A person who knowingly makes a false declaration under MCR 5.114(b) is in contempt of court.												
Date Signature			Relationship to child(re				7)					
Date	Signature	re				Relationship to child(ren)						
FOR COURT USE ONLY												
REVIEW AND RECOMMENDATIONS:												
				viii 48 ii ii ii voorii 18 aastoorio 20	No wheels the translation	Signatur	<u>'e</u>					