STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 2	CASE NO.

INCOME INFORMATION

41. Your occupation

42. Your employer (if unemployed, name of last employer)

43. Employer's address City State Zip

44. Date hired

45. Gross earnings per pay period (earnings before taxes)
$ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly

46. Filing status _____ dependents claimed
☐ married ☐ single ☐ head of household

47. Hourly pay rate (including shift premium and COLA)

48. Total regular hours worked per pay period

49. Average overtime hours for past 12 months

50. Second job

51. Employer

52. Employer's address City State Zip

53. Date hired

54. Gross earnings per pay period (earnings before taxes)
$ ☐ weekly ☐ bi-weekly ☐ bi-monthly ☐ monthly

55. Hourly pay rate

56. Avg. of hours worked per pay period since hire date

57. 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		State Disability Assistance	
Strike Pay		F I P	
SUB Pay		Supplemental Security Income SSI	
Sick Benefits		Other	
Workers Compensation			

58. Do you have any other alimony or child support orders?
If so, complete a. b. and c. ☐ No ☐ Yes, as payer ☐ Yes, as recipient

a. Amount of order (do not include arrearages)

b. Type of order/Case No.

c. City, County, and State

59. Do you provide the sole support for stepchildren residing in your home because support is unavailable from both 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:

_____

_____

60. 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 (check one) SSI	Dependent Benefit	Source of dependent benefit (Mother, Father, Stepparent)

61. 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 returns, including all schedules. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.