

Return To: **SHIWASSEE COUNTY FOC
208 N SHIWASSEE ST
CORUNNA MI 48817**

Name: _____

File No: _____

**SHIAWASSEE COUNTY FRIEND OF THE COURT
CONCILIATION CONFERENCE QUESTIONNAIRE**

Please read **all** of the questions and then carefully answer **each** question as it pertains to you. When you have completed this questionnaire, **sign and date your answers**. It is requested that your questionnaire responses be available at the time of your hearing.

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 #: _____

NUMBER OF OVERNIGHTS: _____

NUMBER OF OVERNIGHTS: _____

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 Conciliation 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 for Conciliation Conference.

Please note the date of your Conciliation Conference on your Notice to Appear and at the top of this document.

PLEASE SEE REVERSE SIDE OF THIS SHEET

PROPOSED WEEKLY PARENTING TIME: These are times during the weekdays from Monday to Friday evening. Please consider school schedules, work schedules and activities.

Mother:

Father:

PROPOSED WEEKEND PARENTING TIME: These are times from Friday evening to Sunday evening. You may agree to extend the weekend schedule until Monday morning.

Mother:

Father:

PROPOSED 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:

PROPOSED HOLIDAY PARENTING TIME: Holidays recognized are Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas Eve/Christmas Day.

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 Spring Break, Winter Break, issues of transportation, school, extra-curricular activities, telephone contact, etc.

*****PLEASE SEE REVERSE SIDE OF THIS SHEET*****

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 every 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 Child Protective Services (CPS)? YES NO (if yes explain below)

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

FINANCIAL: 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 four (4) paystubs.**
3. **If you are self-employed; copies of the last three (3) years of income tax returns or three-year certified statement of earnings form 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 a 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.**

NOTE: Attached is the Child Care Verification form (FOC 39e) that must be completed.

*****PLEASE SEE REVERSE SIDE OF THIS SHEET*****

ABOUT YOU:

Marital Status on Tax Returns: [] Married [] Single [] Head of Household

CURRENT EMPLOYMENT:

Employer 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:

Employer Name: _____ **Position Held:** _____ **Start Date:** _____

Address (City, State, Zip): _____ **Phone #:** (____) _____

Gross Income (before deductions) per pay period \$ _____ [] weekly [] bi-weekly [] 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 Receiving Food Stamps? _____ **Medicaid?** _____ **TANF (cash)?** _____

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 & Last Name & 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
(If yes, please Complete the attached Child Care Verification Form.....)

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.

Your Signature: _____ **Date:** _____

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address

Telephone no.

PARENT INFORMATION

Complete the top portion of this form and have your child-care provider complete the remainder.

It is your responsibility to return the completed form to the friend of the court.

Name
Name(s) and age(s) of child(ren) involved in this case

CHILD-CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child-care rates.

The child-care provider must complete the remainder of this form for the child(ren) named above.

Name of provider		Address			
City	State	Zip	County	Area code and Telephone no.	
Name and Age of Child	School Year Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Name and Age of Child	Summer Season Rates	Average No. of Hours/Week	Hourly Rate	Total Weekly Rate	
Do you require payment for services even when children are absent to guarantee a position in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the agency name and amount contributed.					
The information above is provided to enable the friend of the court to accurately report child-care costs in making a child-support recommendation. I certify that the information provided above is true, accurate, and complete.					
Date _____		Signature and title of provider _____			