

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

Name: _____

File No: _____

**SHIAWASSEE COUNTY FRIEND OF THE COURT
FACILITATION 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: _____ **Social Security #:** _____

Address: _____ **Date of Birth:** _____

_____ **Driver's License #:** _____

City, State, Zip Code: _____ **Email Address:** _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

NUMBER OF OVERNIGHTS WITH THE CHILDREN: _____

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

OTHER CHILDREN YOU SUPPORT:

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 Facilitation 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 Facilitation Conference.

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:

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)

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

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.**

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] _____

FINANCIAL: Please bring 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.

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 _____			