

FRIEND OF THE COURT
Rena Topolewski



ASSISTANT FRIEND OF THE COURT
Caryn VanderHeuvel

ST. CLAIR COUNTY FRIEND OF THE COURT
31st Judicial Circuit
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RESOLUTION CONFERENCE QUESTIONNAIRE

RETURN THIS FORM: 7 DAYS PRIOR TO YOUR RESOLUTION CONFERENCE

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# _____

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 Resolution 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 to Appear for Resolution Conference.

Please note the date of your Resolution Conference: _____

PROPOSED WEEKLY PARENTING TIME: These are times during the weekdays from Monday morning at 8:00 am to Friday evening at 6pm. Please consider school schedules, works schedules and activities.

Mother:

Father:

WEEKEND PARENTING TIME: These are times from Friday at 6:00 pm to Sunday 6:00 pm. You may agree to extend the weekend schedule until Monday 8:00am.

Mother:

Father:

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:

HOLIDAY PARENTING TIME: Holidays recognized are Easter/Spring Break, Mother's Day, Memorial Day, Father's Day, July 4th, Labor Day, Thanksgiving and Christmas Break.

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

OTHER Continued:

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 ever 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 Protective Services? YES NO (if yes explain below)

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

FINANCIAL: At least 7 days prior to your Resolution Conference, 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 3 paystubs.**
3. **If self-employed; copies of the last three years of income tax returns or a three-year certified statement of earnings from 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 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.**

ABOUT YOU:

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

CURRENT EMPLOYMENT:

Business 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:

Business name: _____ Position held: _____ Start date: _____

Gross per pay period \$ _____ [] weekly [] biweekly [] 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 now receiving food stamps? _____ Medicaid? _____ TANF grant? _____

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 and last name and 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

Name(s) of child(ren) in daycare: _____

Daycare Provider: _____

*List your expenses below to reflect the school year or if the minor child(ren) is not yet in school:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

*List your child care expenses below for the minor child(ren) during the summer vacation:

Hourly rate \$ _____ Hours used per week _____ How many weeks per year _____

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. Further, by signing below, you are requesting child support services under title IV-D of the Social Security Act

Your Signature: _____ Date _____