DO NOT IMAGE

FRIEND OF THE COURT INCOME WORKSHEET
TO CALCULATE CHILD SUPPORT PER MICHIGAN CHILD SUPPORT FORMULA

Each parent must fully complete and then return this form so support can be calculated. The support determination will then be mailed to the parent requesting the custody change.

Date:____________________________ Case Number:____

Your Name______________________________________ Other Parent's Name_____________________________________

Your Address____________________________________City____________________State__________zip____________

Name all Child(ren) whose custody is being changed & to whom: ________________________to____________________,.
(child's name) (mother or father)

________________________ to ____________________, ________________________ to ____________________.
(child's name) (mother or father) (child's name) (mother or father)

As of 10-01-08, support is based on the number of overnights each parent has with the child(ren). **List each child's names and then specify the number of overnights with each parent. This is for all children even if custody is not changing.** (i.e. the FOC parenting time schedule is 78 overnights; week to week is 182.5 overnights @ parent)

Child's name________________________________# overnights with mother____________# overnights with father_____________
Child's name________________________________# overnights with mother____________# overnights with father_____________
Child's name________________________________# overnights with mother____________# overnights with father_____________
Child's name________________________________# overnights with mother____________# overnights with father_____________
Child's name________________________________# overnights with mother____________# overnights with father_____________

Marital Status: [ ] Married [ ] Single [ ] Head Of Household

How many other biological or legally adopted (not step-children) minor children do you have? _________________

First and last name of other child(ren) and date of birth (1)________________________(2)__________________________
(3)___________________________ (4)_______________________________ (5)______________________________

Gross income (before deductions) per pay period $__________ [ ] weekly [ ] bi-weekly [ ] bi-monthly [ ] monthly

2nd job: Gross per pay period $________________[ ] weekly [ ] biweekly [ ]bi-monthly [ ] monthly

Union dues paid monthly $________________ Mandatory retirement $_______________per month

Specify any other mandatory withholdings:____________________________ $_______ per month

Identify any other means of income & monthly amount (i.e. SSI or soc sec disability) $___________________

Are you now receiving food stamps?__________Medicaid?______________TANF grant?__________________

Total amount you pay per month for health insurance $__________________ or [ ] Paid by employer
(total for all premiums paid for health insurance, dental, optical and/or prescription)

How many persons are covered by this policy [total number of adult(s) and children] _______________

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) and date of births of child(ren) in daycare____

*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 _______

Your Signature: ____Date_________________