

STATE OF MICHIGAN 1st JUDICIAL CIRCUIT Hillsdale COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE	CASE NO. and JUDGE The Hon. Sara S. Lisznyai
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Friend of the court address 15 Care Drive, Hillsdale, MI 49242	Telephone no. (517) 437-4111
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Plaintiff	v	Defendant
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Complete this form and sign on page 5.

YOUR GENERAL INFORMATION

1. Your full name			2. Date of birth		3. Place of birth: city and state			
4. Address			City	State	Zip	5. Home telephone	6. Work telephone	
7. Social security number		8. Driver's license no.		9. Professional license, type and no.		10. Cell phone	11. E-mail address	
12. Sex <input type="checkbox"/> M <input type="checkbox"/> F	13. Eye color	14. Hair color	15. Height	16. Weight	17. Race	18. Scars, tattoos, etc.		
19. Your father's full name				20. Your mother's full maiden name				
21. Children in common with other parent in this case			Birthdate	Gender	SSN	Current grade level	Anticipated month and year of high school graduation	No. of overnights you have with child annually
22. Names of other biological/adopted minor children you support			Birthdate	Address				
23. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		a. When is the child due?		b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No			24. Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION

25. Your occupation			26. Your employer (if unemployed, name of last employer)				
27. Employer's address			City	State	Zip	28. Date hired	
29. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly					30. Filing status _____ dependents claimed <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> head of household		
31. Hourly pay rate (including shift premium and COLA)			32. Total regular hours worked per pay period			33. Average overtime hours for past 12 months	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

34. Second job		35. Employer	
36. Employer's address		City	State
		Zip	37. Date hired
38. Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly		39. Hourly pay rate	40. Average hours worked per pay period since hire date
41. If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information:			
Name of last full-time employer		Address of last full-time employer	
Position held at last place of full-time employment		Last day employed full-time	
Length of time employed in last full-time position		Reason for leaving last full-time employment	
Gross earnings per pay period (earnings before taxes) \$ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly			
42. List MONTHLY income from all other sources, such as:			
Commissions _____	Unemp. Benefits _____	Nat'l Guard & Res. Drill Pay _____	
Bonuses _____	Strike Pay _____	Armed Services _____	
Profit Sharing _____	SUB Pay _____	Allowance for Rent _____	
Interest _____	Sick Benefits _____	Rental Income _____	
Dividends _____	Workers' Comp. _____	Spousal Support/Alimony _____	
Annuities _____	Soc. Sec. Benefits _____	State Disability Assistance _____	
Pensions/Longevity _____	VA Benefits _____	F I P _____	
Deferred Comp./IRA _____	Disability Insurance _____	Supp. Security Income SSI _____	
Trust Funds _____	GI Benefits _____	Other _____	
43. Do you have any spousal support/alimony orders involving another person not a parent in this case? If so, complete a. b. and c. <input type="checkbox"/> No <input type="checkbox"/> Yes, as payer <input type="checkbox"/> Yes, as recipient			
a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state	
44. Do any of the children listed on item 21 and 22 receive payments from the Social Security Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Name	Amount (monthly)	Type of benefit (check one) SSI Dependent benefit	
		Source of dependent benefit (mother, father, stepparent)	
45. Attach your four 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 three most recent business tax returns and/or corporation returns.			
46. Do you have any medical conditions/restrictions that affect your ability to work? If yes, please explain medical condition/restriction: <input type="checkbox"/> Yes <input type="checkbox"/> No			
47. What is your educational background? (Check one)			
<input type="checkbox"/> less than high school	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Trade school graduate	
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree	

YOUR INCOME, MEDICAL, EDUCATIONAL, AND HEALTH INSURANCE INFORMATION (continued)

48. Medical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
49. Dental insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
50. Optical insurance company name, address, telephone no.	Policy/Group number	Beginning date, if known
51. What dependent coverage is available to you without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		
52. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____		
53. Individuals currently covered by your insurance		
Name	Birthdate	Relationship Medical () Dental () Optical ()

YOUR CHILD-CARE INFORMATION

54. Do you have child-care expenses for the minor children in this domestic relations case during any time of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following information.			
Name of child-care provider	Names of children receiving child care		
Number of weeks provided during last calendar year	Estimated number of weeks of child care provided in this calendar year		
Current weekly child-care cost.	Amount of child-care credit received on last year's federal I.R.S. tax return.		
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please explain.			
55. Check the reason(s) which explain why you need child care and estimate the number of hours child care is received for each.			
<u>Reason</u>	<u>Estimated number of hours per week</u>		
<input type="checkbox"/> Work related	_____		
<input type="checkbox"/> Looking for employment	_____		
<input type="checkbox"/> Enrolled in educational program to improve employment opportunities	_____		
56. If your reason for child care is education related, provide the following information.			
Name of educational institution	Total classroom hours per week	Educational goal	Projected graduation date

ADDITIONAL INFORMATION

57. List any additional information about you or the other parent that would be useful to the court in making a support recommendation. For example: education, disability, or work history. _____ _____
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INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

58. Full name			59. Date of birth		60. Place of birth: city and state				
61. Address		City		State		Zip	62. Home telephone	63. Work telephone	
64. Social security number		65. Driver's license no.		66. Professional license, type and no.		67. Cell phone	68. E-mail address		
69. Sex <input type="checkbox"/> M <input type="checkbox"/> F	70. Eye color	71. Hair color	72. Height	73. Weight	74. Race	75. Scars, tattoos, etc.			
76. Father's full name				77. Mother's full maiden name					
78. Names of other biological/adopted minor children he/she supports			Birthdate		Address				
79. Is this party pregnant?	a. When is the child due?		b. Is the party in this case the biological parent of the expected child?			80. Is this party married?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
81. Occupation				82. Employer (if unemployed, name of last employer)					
83. Employer's address		City		State		Zip	84. Date hired		
85. Gross earnings per pay period (earnings before taxes)					86. Average overtime hours for past 12 months				
87. Medical insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known		
88. Dental insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known		
89. Optical insurance company name, address, telephone no.					Policy/Group number		Beginning date, if known		
90. What dependent coverage is available to the other parent without cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical									
91. What dependent coverage is available by payment of an additional premium? (Specify cost per pay period.) <input type="checkbox"/> Medical _____ per _____ <input type="checkbox"/> Dental _____ per _____ <input type="checkbox"/> Optical _____ per _____									
92. Individuals currently covered by other parent's insurance									
Name	Birthdate		Relationship		Medical ()	Dental ()	Optical ()		
_____	_____		_____		_____	_____	_____		
_____	_____		_____		_____	_____	_____		
_____	_____		_____		_____	_____	_____		
_____	_____		_____		_____	_____	_____		

If you want friend of the court services, you must check the box below.

I request child-support services pursuant to the child-support enforcement program of Title IV-D of the Social Security Act.

I declare under the penalties of perjury that this questionnaire has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Reminder List

- Have you signed this questionnaire?
- Have you completed item 21 regarding the number of overnights you have with the child annually? Failure to specify will result in the friend of the court estimating the number of overnights.
- Have you attached your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?
- Have you attached a copy of your last federal and state income tax returns, including all schedules, W-2s, and 1099s? If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.
- Attach any additional information that may be useful to the friend of the court in making a support recommendation. Make sure you use enough postage to cover these additional items.
- Have you attached the Child Care Verification (form FOC 39e) if you are asking for reimbursement of child-care expenses?
- Make a copy of this form for your own records.
- Send the original form, completed and signed, to the friend of the court office.

STATE OF MICHIGAN 1st JUDICIAL CIRCUIT Hillsdale COUNTY	CHILD-CARE VERIFICATION	CASE NO.
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Friend of the court address
15 Care Drive, Hillsdale, MI 49242

Telephone no.
(517) 437-4111

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? If yes, please explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a federal or state agency or a public or private entity contribute all or a portion of the cost of child-care services? If yes, please provide the agency name and amount contributed.					<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____			

1st STATE OF MICHIGAN CIRCUIT COURT	DOMESTIC VIOLENCE SCREENING	CASE NO. and JUDGE The Hon. Sara S. Lisznyai
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Your name: _____ Date: _____
First, middle, and last name

Our goal is to provide a safe environment for families with a friend of the court case. We often meet with both parents. However, there are times bringing both parents together may not be appropriate. Your answers to the following questions will help us determine whether both parents can meet together in a safe environment. The information you provide can only be viewed by judges, referees, and friend of the court staff. It cannot be viewed by the other parent or his or her attorney, and it cannot be used in any court proceedings. Please answer the following questions to the best of your ability.

1. Do you feel safe around the other parent? yes no If no, please explain: _____

2. Is there currently or has there ever been a personal protection order or a no contact order limiting contact between you and the other parent? yes no If yes, please explain and include when and where:

3. Is there currently or has there ever been a personal protection order or a no contact order issued against the other parent or you by someone else? yes no Unknown about other parent If yes, please explain and include when and where:

4. Have the police been called to your home or involved in any incidents in the past year between you and the other parent?
 yes no If yes, please describe: _____

5. Have you or the other parent been arrested in the past year? yes no

If yes, please describe: _____

6. Have you ever felt unsafe around the other parent? yes no

If yes, please explain _____

7. Is there currently or has there ever been child protective (abuse/neglect) actions involving you and/or the other parent in Michigan or any other state or country? yes no unknown about other parent

If yes, please explain: _____

8. Do you have any concerns about discussing issues regarding your children in front of the other parent? yes no

If yes, please explain: _____

9. Are you afraid that the other parent will harm or pressure you during or after a friend of the court meeting because of what is discussed in the meeting? yes no If yes, please explain _____

10. Do you have any concerns about sitting in the same room with the other parent? yes no

If yes, please explain: _____

11. Do you think you can speak up for yourself in a friend of the court meeting if the other parent is also present?

yes no If no, please explain: _____

12. Has the other parent ever made you feel threatened or harassed? yes no

If yes, please explain: _____

13: Is there anything not already discussed that would prevent you from participating in a friend of the court meeting with the other parent? yes no If yes, please explain: _____

Your safety is important, so please contact us to discuss any safety concerns you may have and what can be done to address your concerns.

Date

Signature

MEDIATION
AND
ALTERNATIVE DISPUTE RESOLUTION

Mediation and other forms of alternative dispute resolution (ADR) are mechanisms by which parties who have custody and/or parenting time disputes have the opportunity to communicate, cooperate and resolve their disputes with the assistance of a neutral third-party facilitator. These forms of dispute resolution seek to promote a mutually acceptable solution to custody, parenting time and support disputes. Usually, both parties must voluntarily agree in order to utilize any of these forms of dispute resolution unless the Court specifically orders that they participate. Parties often find mediation, a joint meeting or a facilitative conference rewarding because it's the parties themselves who make the decision, instead of the Court imposing a decision on them.

The Hillsdale County Friend of the Court (FOC) offers three forms of alternative dispute resolution to assist parties to a domestic relations case: FOC Facilitative Information-Gathering (FIG) Conference, FOC Joint Meeting, and FOC Formal Mediation. Please see 1st Judicial Circuit LAO 2024-03J.

Friend of the Court Facilitative Information-Gathering Conference: A FOC FIG Conference is an informal meeting between the parties and an FOC employee to see if a mutually acceptable solution to issues regarding custody, parenting time, and support can be reached. If the parties are unable to make an accord, the FOC facilitator will issue a recommended order that the parties will have a 21-day period to object to before it is entered by the Court. The FIG and the Joint Meeting both differ from a Mediation in that a confidential report of the meeting (Form FOC 125) is always provided to the Judge and the two participants.

Friend of the Court Joint Meeting: A trained FOC employee will meet with the parties and assist them in reaching a resolution of the disputed issues post-judgment. If the parties reach an agreement, the FOC employee will then prepare a consent order for the parties' signatures and the Court's approval. If the parties are unable to make an accord, the FOC facilitator may issue a recommended order that the parties will have a 21-day period to object to before it is entered by the Court. Joint meetings are most often conducted as a dispositional option for complaints pursuant to the Court's Make-Up Parenting Policy, 1st Judicial Circuit LAO 2024-02J. The Joint Meeting also differs from a Mediation in that a confidential report of the meeting (Form FOC 125) may be provided to the Judge and the two participants.

Friend of the Court Formal Mediation: Provided through Southeastern Dispute Resolution Services, State Court Administrative Office-approved mediators assist the parties with identifying issues, facilitating communication and moving towards a resolution both parties will respect and abide by. Formal mediation may occur prejudgment or post-judgment. If the parties reach an agreement, the Friend of the Court will assist the mediator and parties with reducing the agreement to a consent order which can then be entered by the Court. Mediation is confidential and the mediator does not provide any information learned through the mediation to the Friend of the Court Office or the Court absent an agreement.

The FOC Formal Mediations are conducted virtually through Southeastern Dispute Resolution Services using the Zoom platform. Joint meetings are typically conducted by Zoom. A FIG Conference may take place either by Zoom or in person.