

State of Michigan -
54th Judicial Circuit
Family Division
Tuscola County

FINANCIAL AFFIDAVIT

Case Number

FRIEND OF THE COURT

449 GREEN ST, CARO MI 48723

Phone: (989) 673-4848 Fax: (989) 673-4898

YOU MUST TYPE OR PRINT THIS FORM IN INK. ONLY COMPLETE ALL AREAS THAT APPLY.

YOUR NAME: _____ OTHER PARTY: _____

1. Please list all minor children, adopted or natural, that are living in your household:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP

2. Do you pay child support on cases other than this one: () YES () NO

a. If yes, list below (**Do not include any amount paid on past due support**).

Amount \$ _____ per _____ in the County of _____ State of _____

Amount \$ _____ per _____ in the County of _____ State of _____

3. Do you pay spousal support/alimony: () YES () NO

b. If yes, to whom: _____

Amount \$ _____ per _____ in the County of _____ State of _____

YOUR INCOME INFORMATION:

Occupation: _____ Occupational License No. _____

Employed by: _____ Date Hired: _____

Employer's Address: _____

Salary per pay period is \$ _____ Circle One: weekly, bi-weekly, semi-monthly, monthly

Hourly Pay \$ _____

Do you have a second job: () YES () NO If yes, date hired: _____

Employer's Name and Address: _____

Salary per pay period is \$ _____ Circle One: weekly, bi-weekly, semi-monthly, monthly

CHILD CARE INFORMATION:

Do you have child care expenses for the minor children involved in this case: () YES () NO

If yes complete the following information: Name of child care provider: _____

Name(s) of child(ren) receiving child care: 1. _____ 2. _____
3. _____ 4. _____

Current weekly child care cost \$ _____

DEDUCTIONS:

Pension \$ _____ Per _____ Union Dues \$ _____ Per _____

Deferred Income \$ _____ Per _____ Disability Ins \$ _____ Per _____

Other \$ _____ Per _____ Other \$ _____ Per _____

Health Care Ins \$ _____ Per _____

***Portion for children's health insurance: \$ _____ Per _____

Life Insurance \$ _____ Per _____ ***Are the children beneficiaries: () YES () NO

MONTHLY INCOME FROM ALL SOURCES:

ADC _____ Strike Pay/ Sub Pay _____

General Assistance _____ Social Security _____

Unemployment Comp _____ Workers' Compensation _____

Commission/Bonus _____ Alimony Received _____

Supplemental Security Pension _____

Income _____ Armed Services _____

Sick Benefits/Disability _____ Adoption Subsidies _____

VA/GI Benefits _____ Rental Income _____

National Guard _____ Other _____

COMMENTS:

I hereby declare the above to be true to the best of my knowledge.

Dated: _____ Signature: _____

REMEMBER!!

ATTACH COPIES OF LAST EIGHT PAYSTUBS AND LAST YEAR'S TAX RETURNS WITH W-2'S ATTACHED.

CHILD SUPPORT SERVICES APPLICATION

I request support services available under Title IV-D of the Social Security Act. I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances which may affect support action in my case.

Date: _____ Signature: _____