



STATE OF MICHIGAN
EATON COUNTY TRIAL COURTS

Hon. Janice K Cunningham
Chief Judge, Circuit Court
Judge

Hon. Thomas K. Byerley
Probate Court Judge

Juvenile Division
822 Courthouse Drive
Charlotte, MI 48813
517-543-6003

www.eatoncounty.org

Youth Facility
517-543-3244
517-543-9963 Fax

Amy M. Etzel
Trial Court Administrator

Kathleen M. Brooks
Deputy Trial Court Administrator

Amanda G. Pollard
Juvenile Referee/Director

Jeremy M. Mulvany
Youth Facility Director

Complete and return the Financial Statement with the following documentation. Documentation for all household income is required.

1. Paystubs with year-to-date accumulations, 2-3 of the most recent.
2. A copy of your most recent Income Tax return.
3. Most recent W-2's.
4. Documentation of other income including State assistance, and which family member it is for: SSI, SSD, VA, Child Support, Food Stamps, etc.
5. Current savings/investments including checking, savings, deferred compensation, IRA's, 401K's, stocks etc.
6. Mortgage or rent payment
7. Vehicle payments.
8. Any other documentation you feel is appropriate to your situation.

****Questions regarding the financial statement please call the Financial Specialist at 517-543-6003 ext 1252**

STATE OF MICHIGAN
JUDICIAL CIRCUIT - FAMILY DIVISION
56th EATON COUNTY

FINANCIAL STATEMENT

CASE NO.
PETITION NO.

Court address 822 Court House Drive, Charlotte MI 48813

Court telephone no. 517-543-6003

1. In the matter of
 (name(s), alias(es), DOB)

PERSONAL & EMPLOYMENT INFORMATION	1. Name			2. Date of birth			10. Spouse			11. Date of birth								
	3. Soc. sec. no.			4. Driver license no.			12. Soc. sec. no.			13. Driver license no.								
	5. Employer's name						6. Length of employment			14. Employer's name						15. Length of employment		
	7. Employer's address						16. Employer's address											
	8. Gross pay \$ _____ per _____ (attach W-2)			9. List payroll deductions from amount at left Federal inc. tax State inc. tax Local inc. tax FICA Other:			17. Gross pay \$ _____ per _____ (attach W-2)			18. List payroll deductions from amount at left Federal inc. tax State inc. tax Local inc. tax FICA Other:								
	19. Home address									20. Telephone no.								
	21. Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced			22. Names and ages of dependents residing with petitioner														
	23. Names, ages, and relationships of all other people living in the home																	

24. **MEDICAL/MEDICAID/DENTAL/OPTICAL INSURANCES** List company name and policy no., and whether group, co-deductible, etc.

<p>25. OTHER INCOME List below all other income, including: overtime, tips, public assistance, child support, unemployment, veteran's benefits, social security, pensions, workers comp., disability, interest, dividends, rent, etc.</p> <table style="width:100%;"> <tr> <th style="width:80%;">SOURCE OF INCOME</th> <th style="width:10%;"></th> <th style="width:10%;">per</th> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$</td> <td>_____</td> </tr> </table>	SOURCE OF INCOME		per	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____	<p>26. ASSETS (other than real estate and motor vehicles) List below, including: checking and savings accounts, cash value, IRA's, deferred compensation, bond posted, etc.</p> <table style="width:100%;"> <tr> <th style="width:60%;"></th> <th style="width:20%;">BALANCE</th> <th style="width:20%;">INSTITUTION NAME</th> </tr> <tr> <td>Checking/Draft</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Savings</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Credit Union</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>ASSET</td> <td>VALUE</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> </table>		BALANCE	INSTITUTION NAME	Checking/Draft	_____	_____	Savings	_____	_____	Credit Union	_____	_____		ASSET	VALUE			\$			\$			\$			\$			\$			\$
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PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29)

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27. PROPERTY REAL ESTATE				MOTOR VEHICLES			
Purchase Price	Current Value	Loan Balance	Payments	Year	Make	Loan Balance	Payments

PLEASE CONTINUE ON OTHER SIDE

28. OTHER PAYMENTS (Do not include payroll deductions listed in items 9 and 18 or property payments listed in item 27)

List all other payments, including: rent, utilities, support, loans, garnishments, mandatory union dues, mandatory retirement contributions, etc.

ITEM	PAYMENT	BALANCE	ITEM	PAYMENT	BALANCE
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____

PLEASE CONTINUE BELOW IF NECESSARY

29. EXTRA SPACE Use this space if you ran out of room above. Please label your items as INCOME, ASSETS, PROPERTY, PAYMENTS, etc.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

30. Attach a copy of last year's Federal Income Tax Return.

I declare that this financial statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief. I further authorize the release of any information needed to verify this statement or any other information needed to verify my financial affairs.

I understand that if I knowingly list any false information on this financial statement, I may be found in contempt of court.

Date _____ Signature _____ Relationship to child(ren) _____

Date _____ Signature _____ Relationship to child(ren) _____

FOR COURT USE ONLY

REVIEW AND RECOMMENDATIONS:

Signature _____